



# Routine Respite Referral

Revised  
05/2018

## Client Information

Client Name	
UCI/ID #	
DOB	
Primary Language:	
Parents/Legal Guardians	
Physical Address, City, State, Zip Code:	
Home Phone	
Cell Phone	
Email Address	
Diagnosed Disabilities	

Referral Date:

## Vendor Information:

Routine Respite Vendor # HN0208  
 Service Code: 862  
**Fax #: 707-644-561-7742 Email: [Referrals@soniacorina.org](mailto:Referrals@soniacorina.org)** Phone: 707-644-4491  
 Web: [www.Soniacorina.org](http://www.Soniacorina.org)

## Case Manager Information

Name	
Phone #	
Email	
City	

## History and Client Qualifications

- Provided current IPP Form with signature page with CM & Parent signature? Yes No
- Is this a returning Routine Respite client? Yes No
- Client is switching from:  
 Family Voucher SCI EOR-Service Other New to Respite  
*If switching from SCI EOR, please send pos cancellation to EOR program*
- SCI Client siblings? If yes, give information in "Notes" on the right:  
*Each sibling needs a separate respite referral*
- Seizures? No Yes If yes, duration: \_\_\_\_\_  
*SCI Employees **CANNOT** administer rectal seizure medication/enemas*
- G-Tube/Epi-Pen/Inhaler/Nebulizer? If yes, send a Specialized Healthcare Referral. Call 707-644-4491 if you need one or go to our website
- Any known dangerous propensities exhibited by client or family situation? No Yes If yes, describe under "Notes" on the right.
- Client requires lifting: No Yes, Weight: \_\_\_\_\_ lbs.  
*SCI Employees cannot lift over 50lbs (unassisted) - **NO EXCEPTIONS***

## Respite Hours

Amount	
Type	Qtr Monthly Yr Other

Notes/Add'l info:

## Qualifying Information

Medi-Cal		FCPP		IHSS- Protective Supervision	
Has full-scope?		Already assessed? If yes, percentage-		Applicable to client?	
Need to apply?		Need to be assessed?		Need to apply?	
Application in process?		Assessment in process?		Application in process?	