FAMILY RESPITE NEEDS ASSESSMENT SUMMARY SHEET January 22, 2019

Date:				
Indivio	lual's Name:		DOB:	Current Age:
UCI #:		Soci	al Worker's Name:	
Name	of Person Completing	this Form:		
summ		obtain an estim		nes, complete the following spite the family might receive
				Values from Guidelines
Ι.	Age of Individual			·····
II.	Adaptive Skills			
III.	Mobility			<u></u>
IV.	Day Program Attend	dance		
V.	Medical Needs (a va	alue of 1-3 requ	ires an explanation of neo	ed)
VI.	Behavioral Needs			
VII.	Family Situation			······
				Total Value
<u>Total </u>			Hours/Month or Day	

*Use chart below to determine respite hours/days

Less Other Generic Resource Considerations:

Less ______ # of IHSS hours that may meet respite need through protective supervision hours

Less _____ EPSDT respite support

Less _____ Nursing Waiver support hours

Less _____ Other:_____

Total Regional Center Funded Respite Hours: _____

Hourly Rate Respite:

0-7 points	Routine supervision
8-14 points	16 hours/month (48 hours/quarter)
15-21 points	20 hours/month (60 hours/quarter)
22-28 points	25 hours/month (75 hours/quarter
29-35 points	30 hours/month (90 hours/quarter)
36-44 points	40 hours/month (120 hours/quarter)
44+ points	40+ Expanded Planning Team Determination**

** The Expanded Planning Team must consider the criteria stated in W&I code 4686.5 and the regional center's respite exception guidelines when determining respite services in excess of 120 hours/quarter of in-home respite services or 21 days/year of out-of-home respite services.