

Respite & Event Packet

INDIVIDUAL INFORMATION:

Name: _____ Age: _____ DOB: _____

(Person Services Provided For)

Address: _____

Individual Weight: _____ Individual Height: _____ Sex: Male - Female

Primary Disability or Health Condition: _____

Individuals Email: _____ Individuals Phone: _____

Individual has a Behavioral Intervention Plan: Yes - No

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Names: _____

Address *(if different)*: _____

Parent 1 Cell _____ Parent 2 Cell: _____

Parent 1 Email: _____

Parent 2 Email: _____

IN CASE OF EMERGENCY (ICE):

Primary ICE Name: _____ ICE Phone: _____

ICE Relationship: _____

Secondary ICE Name: _____ ICE Phone: _____

ICE Relationship: _____

FUNDING:

Currently Receiving: Yes - No Funding source: _____
(Circle One)

Funding Needed: Yes - No
(Circle One)

Phone: 443-412-5490

Harford County Office
4513 Philadelphia Road | Aberdeen, MD 21001 Email: PGivens@arcncr.org
P: 410-836-7177 | F: 410-893-3909

www.arcncr.org

MEDICAL RELEASE:

Family Primary care Physician: _____ Phone #: _____

Address: _____

Individual Carries & independently uses: Inhaler EpiPen Other: _____

Date of Last Tetanus Shot: _____

Visual impairment: Yes / No Hearing impaired: Yes / No

Communication Notes: _____

Prompting Assistance: _____

Mobility Notes: _____

Current Medications; dosage and time: _____

Allergies:
food and medication

Seizure Yes: _____ No: _____

Seizure Information: _____

I, _____ give permission for the applicant listed above to receive medical treatment in the event of an emergency, accident, injury or illness. I give authorization for treatment to all medical personnel, including licensed physicians, nurses, technicians, emergency responders, and other medical personnel. I also assume responsibility for the cost of treatment.

Parent's or Guardian's Name	Parent's or Guardian's Signature	Date



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ABOUT THE INDIVIDUAL:

School: _____ Grade: _____ Age: _____

Teacher: _____ Bus Number: _____ Bus Driver name: _____

INDIVIDUAL ENJOYS DOING/GOING:

List hobbies, interests, places the individual likes to go, to do, to eat, rewards for achievements, motivators etc.)

GOALS FOR INDIVIDUAL:

Social Skills:

Life / Independent Skills:

Education: _____

Job Skills: _____

Overall: _____

SITUATIONS/BEHAVIORS TO BE AWARE OF:

Ex: sirens, large groups, schedule changes, elopement, undresses in public etc.

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NOTICE OF PRIVACY PRACTICES – ACKNOWLEDGEMENT

The Arc Northern Chesapeake Region

Name of Individual: _____ Date: _____

We are committed to preserving the privacy and confidentiality of your health information whether created by us or maintained on our premises. We are required by certain state and federal regulations to implement policies and procedures to safeguard the privacy of your health information. We are required by state and federal regulations to abide by the privacy practices described in the notice provided to you including any future revisions that we may make to the notice as may become necessary or as authorized by law

Acknowledgement

I certify that I received a copy of The Arc Northern Chesapeake Region’s *Notice of Privacy Practices* and that I have had an opportunity to review the Notice of Privacy Practices and ask questions to assist me in understanding my rights relative to the protection of my health information. I am satisfied with the explanations provided to me and I am confident that the agency is committed to protecting my health information.

Date: _____ My Signature: _____

My Printed Name: _____

Date: _____ Signature of Witness: _____

I certify that I am the legal guardian of, or authorized representative of _____ and that I have received The Arc NCR’s *Notice of Privacy Practices* on behalf of this individual and that the agency provided me with an opportunity to review this document and ask questions to assist me in understanding his/her privacy rights. I am satisfied with the explanations provided to me and I am confident that the facility is committed to protecting health information.

Date: _____ Signature of Representative: _____

Printed Name: _____

Relationship to Individual: _____

Date: _____ Signature of Witness: _____

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FOR USE BY THE ARC NCR ONLY

Inability to Obtain Acknowledgement

To be completed only if no signature is obtained. If it is not possible to obtain the participant's acknowledgement, describe the good faith efforts made to obtain the participant's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of The Arc NCR representative: _____

Printed Name of The Arc NCR representative: _____

Date: _____



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Consent to Interview and Permission to Release Information in Printed, Video and Photographic Form

Name: _____

I give my permission for The Arc Northern Chesapeake Region to use information gathered during interviews, as well as my likeness in a photograph, video, sound recordings or other digital media (“photo”) in any and all of its publications, including web-based publications and social media, without payment or other consideration.

I understand and agree that all photos will become the property of The Arc Northern Chesapeake Region and will not be returned.

I hereby authorize The Arc Northern Chesapeake Region to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. I understand that I will not be contacted each time this information is distributed as described above.

This agreement will last for the duration of the time I receive support services from The Arc NCR. I do understand that I have the right to revoke this privilege at any time. To revoke privileges for The Arc Northern Chesapeake Region, contact the Development Department at 410-836-7177 or via email at development@arcncr.org.

I UNDERSTAND AND AGREE TO THE CONDITIONS OUTLINED IN THIS PHOTOGRAPH, VIDEO AND SOUND RECORDING RELEASE AND CONSENT FORM.

Signature: _____

Date: _____

Guardian: _____

Date: _____

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BILLING AGREEMENT:

I, _____ understand that The Arc NCR is providing respite care for Applicant: (print name): _____.

I agree to the rate for respite care listed below and the rate of each event I participate in and/or send my child to.

***Please note financial aid opportunities are available, through outside sources. We are NOT responsible for filling out paper work, that is to be done individually.*

Furthermore, I understand that I am responsible for providing money for activities upfront unless noted on the event and it will be added to your bill. (Examples are dinner, movie ticket, entrance fee etc.) Funding sources will not cover any activity cost from the given establishment ex: cost of dinner, entrance fee etc. I agree to not ask the respite provider/staff person to pay out of pocket for food, clothes, tickets or anything else necessary while receiving respite or at an event.

I agree to send a check to The Arc NCR at 4513 Philadelphia Rd Aberdeen, MD 21001 upon receiving an invoice/bill weekly. Failing to make the required payment within 30 days will result in a late fee per week as well as a suspension of services until full balance is paid. Using a funding source to pay is exempt from late fee, as we know funding sources are slow to pay at times. We encourage you keep track of when The Arc NCR employees are providing respite care and/or when your child attends an event. Please note group activity/event rates will vary. Please check each event cost before registering for any individual events.

I, (Printed Parent/Guardian name:) _____ understand and agree to the terms stated above.

Parent/Guardian Signature: _____ Date: _____

Fees and Rates Fees are as of 7/1/18 Fees are subject to change.

Fee adjustments will be communicated 30 days in advance of their effective date.

Respite Care	\$20.83 per hour (2-hour minimum)
Group Events	\$15 per hour or set price listed
Transportation to/from recurring events	\$10.00 (one way or both ways)
After School Program	\$415 per calendar month
Late Fee to pick up	\$1.00 per minute after 5 min
Late fee for payment	\$20 per week after 30 days
Event admission fee	Vary per event

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RELEASE OF LIABILITY

I, _____ give permission for The Arc NCR and Employees

of The Arc NCR to transport my child to and from; events, camp, community involvement activities, and for any other reason my child needs to be transported.

I, _____ understand that The Arc NCR is not liable for any injury, accidents, and or anything that may occur to my child while in the vehicle of the employee transporting them. I acknowledge that driving will be handled in a safe/secure manner, however accidents may occur.

I, _____ understand that The Arc NCR is not liable for any personal items that are lost, broken, misplaced or stolen caring for my child. We will do everything in our power to keep track of personal items but cannot guarantee they won't be misplaced.

I, _____ understand that I am responsible for any items that are damaged or broken due to my child's actions.

I, _____ understand that The Arc NCR is not liable for any personal injury that my child inflicts on his or herself. I furthermore understand that The Arc NCR is a HANDS-OFF organization however in a life threatening situation can and will restrain my child only when he or she is in a crisis life or death situation and harming his/herself and or others. If a crisis situation takes place a team meeting will be held within five days of the incident and parents will be notified immediately. If necessary 911 will be called.

I, (Printed parent/Guardian name:) _____ understand and agree to the terms stated above.

Parent/Guardian Signature: _____ Date: _____

SCHEDULING RESPITE SERVICES

When scheduling respite services for yourself or your child you need to call The Arc NCR and inform them of the time and date that you are requesting services if time/date is not listed on the respite request form. Also, once a time and date has been selected for services, then you will be billed for those times, unless your child is ill, or other serious circumstance has arisen. If a group event does not meet the minimum required participants, you will be notified if the scheduled event is canceled and/or the fee changes 24 hours prior to the event.

When picking a time and date for services the start time and end time determines the billing amount. If you arrive home early the end time originally chosen for services will be billed to your account. The same applies for events, if you pick your child up early the event cost will be billed to your account.

If you arrive late to your home or to pick up your child from an event there is a late fee as listed in the fee/rate schedule.

I, (Printed Parent/Guardian name:) _____ understand and agree to the terms stated above.

Parent/ Guardian Signature: _____ Date: _____

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**Other things you think we should know about
yourself, your child, and your family:**

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Respite/Event Request Form

This form is for any dates and times you already know you need care and or want to set up a recurring schedule. It is ok to leave it blank.

I/We, (Parent/Guardian) _____ have requested the following schedule to receive respite services from The Arc NCR, for

(individual Name) _____ and understand that I will be billed for the days and times listed below.

Parent/Guardian Signature: _____ Date: _____

Please send all respite request forms to or mail to The Arc NCR attention Phil Givens 4513 Philadelphia Rd Aberdeen, MD 21001. The Arc NCR will confirm dates to you via email. Print current email address: _____

Date	Day of Week	Time Start-End	Event Name or Respite	Estimated Cost	Method of Payment



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Parent/Individual Log

Keep this from for your records. We encourage you to keep track of services provided and events attended.

Date	Respite Y/N	Care Providers name	Time Start-End	Event Name	Cost	Notes

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