



Specialized Respite Referral

(G-Tube, Inhaler/Nebulizer, Epi-Pen)

Revised
5/2018

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:

Specialized Vendor# PN0392 Service Code: 103
Fax #: 707-561-7742
Email: Referrals@soniacorina.org
 Phone: 707-644-4491
 Web: www.soniacorina.org

Case Manager Information

Name	
Phone #	
Email	
City	

Respite Hours

Amount	
Type	Qtr Monthly Yr Other

History and Client Qualifications

- Is this a returning Routine Respite client? Yes No
- Client is switching from:
 Family Voucher SCI EOR-Service SCI Routine New
 If switching from SCI EOR-Service, please send pos cancellation to SSR program
- SCI client siblings? If yes, give info in "Notes" on right
 Each sibling needs a separate respite referral
- Seizures? No Yes* If yes, duration:
 *SCI Employees CANNOT administer rectal seizure medication/enemas
- If G-Tube, does client require suctioning? If yes, SCI Employees **CANNOT** suction a client's G-Tube.
- Any known dangerous propensities exhibited by client or family situation? No Yes- describe under "Notes" on right.
- Client requires lifting: No Yes, Weight: lbs.
 SCI Employees cannot lift over 50lbs (unassisted) - NO EXCEPTIONS

Specialized Healthcare

- **G-tube?** Yes No
- **Epi-Pen?** Yes No
- **Inhaler/Nebulizer?** Yes No

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?	