



# Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs \*

## Respite Family Needs Checklist



Complete this form if your child or youth has a *diagnosed* medical, behavioral, or physical need that requires more care and support than that of their peers.

Child's Name \_\_\_\_\_ Parent Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address \_\_\_\_\_ Town/City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Respite is care that is provided, in or out of the home, for the purpose of providing relief to the family/caregiver from the daily responsibilities of care for the child/youth with special health care needs. Respite services are family-directed, using the respite service provider and location of the family's choice.

*Contact your care coordinator for more information about respite, ask for the Get Creative About Respite manual, or view it on-line at [WWW.FAVOR-CT.ORG](http://WWW.FAVOR-CT.ORG)*

Caregivers available to meet needs <i>Complete each section</i>	Sources of community support during the past 12 months	Sources of community support during the past 12 months
<p><b><u>Section 1</u></b></p> <p><input type="checkbox"/> Child or youth with special health care need has <b>more than one</b> significant physical, behavioral, or complex medical diagnosis. <b>and/or</b></p> <p><input type="checkbox"/> <b>More than one</b> family member living in the home needs extra care and support.</p>	<p><b><u>Section 4</u></b> <i>Check off all that apply</i></p> <p><input type="checkbox"/> Family receives <u>direct funding</u> from the Department of Children and Families (DCF).</p> <p><input type="checkbox"/> Family receives <u>direct funding</u> from the Department of Developmental Services (DDS).</p> <p><input type="checkbox"/> The child or youth receives Voluntary Services from DCF or DDS.</p> <p><input type="checkbox"/> The child received Birth to Three Services.</p> <p><input type="checkbox"/> The child or youth received respite services at a DDS Respite Center.</p> <p><input type="checkbox"/> The family received a subsidized adoption.</p> <p><input type="checkbox"/> The child or youth is on the Katie Beckett Waiver or other waiver.</p> <p><input type="checkbox"/> The child is enrolled in TRICARE and the Extended Care Health Option (ECHO).</p>	<p><b><u>Section 4 continued</u></b> <i>Check off all that apply</i></p> <p><input type="checkbox"/> The child or youth has home health aides or nursing services on a weekly basis</p> <p><input type="checkbox"/> The child or youth receives extended day services from school or a community group</p> <p><input type="checkbox"/> The family received camp funds from _____</p> <p><input type="checkbox"/> The family received respite funds from _____</p> <p><input type="checkbox"/> Received regular caregiver support from a community group or foundation</p>
<p><b><u>Section 2</u></b></p> <p><input type="checkbox"/> Primary caregiver is in good health. <b>or</b></p> <p><input type="checkbox"/> Primary caregiver is in poor physical or emotional health.</p>		
<p><b><u>Section 3</u></b></p> <p><input type="checkbox"/> Number of adults available to help care for the child or youth with special health care needs. <b>and</b></p> <p><input type="checkbox"/> Total number of individuals living in the household <b>and</b></p> <p><input type="checkbox"/> Total gross household income _____</p>		<p>Please list below any other information you wish to share.</p> <p>_____</p> <p>_____</p>

\*The Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs is a program supported by the State of Connecticut Department of Public Health. Information is available on the web at [www.ct.gov/dph/medicalhome](http://www.ct.gov/dph/medicalhome)