

**CHILD PROFILE FOR RESPITE CARE**

**Licensed Parent:** Complete this form and hand to the respite caregiver when leaving a child in respite care.

Child's Name:	LINK Number:	Date of Birth:
Licensed Parent's Name and Address:		Phone:
DCF Worker's Name and Phone:		DCF Social Work Supervisor's Name and Phone:

<b>DCF CARELINE PHONE NUMBER: 1-800-842-2288</b>
<b>CONNECTICUT ALLIANCE OF FOSTER &amp; ADOPTIVE FAMILIES (CAFAP): (860)-258-3400</b>
<b>CAFAP HELP LINE: 1-888-223-2780 - OPEN 24 HOURS A DAY</b>

Child's Medical Number:	Name of Plan:
Child's Physician:	Phone:

**Medications:** (Must be transported by adults and not put in child's suitcase. Must be administered only by adults.)  
Please list and give the schedule for medications. Does child resist or hide medicines?  Yes  No

Name of Medication	Type of Medication	Medication Schedule <i>(number of pills, when given, how often)</i>

Any allergies?  Yes  No (If yes, list)


Any food dislikes?  Yes  No  
(If yes, list)

Any food preferences?  Yes  No  
(If yes, list)


Activities he or she likes:

Activities to be avoided:


Behaviors of which the respite caregiver should be aware (include bedwetting, tantrums, destructiveness, emotional issues such as fears and phobias.)

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School or daycare and schedule, if applicable:

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Any other information the respite caregiver should know: (What level of supervision is required? What is the best practice to deal with behavioral problems? Is the child allowed to phone his or her biological or foster family or others? What is the bedtime and daily schedule? What are TV, movie or video restrictions?)

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**Respite Caregiver: Upon completion of respite care, please return this form to the licensed parent.**