



North Los Angeles County Regional Center Respite Needs Assessment for IPP Review Periods

Date:

Consumer's Name:

UCI:

Age:

Directions: Complete this assessment during the IPP Review Period. Review the Initial Respite Needs Assessment that was completed and inquire about any changes or updates. Complete the weekly schedule that is attached to determine the Respite Needs.

I. Review Questions for Respite Needs

- Do you have any family who provides natural support?

- Do you ever hire a babysitter/caregiver or utilize natural supports, how often?

- Do you have any generic resources?

- If you had respite care, what would you do? How many hours would you need to do that?

- What types of weekly activities or events do you participate in as an individual or family?

- What are the school/day program hours? Any afterschool programs or extracurricular activities?

- Are you able to take a natural break while your child is in school? Does this provide you with enough of a break?

- Any other therapies during the week?

- Are there any cultural considerations (e.g., rituals, customs, or religious events) that may indicate a need for respite?

II. Summary of Respite Hours

Complete the weekly schedule below with the daily routine for the consumer and family. Include any current services that are being accessed and include the projected respite hours that were identified for the week.

Weekly Schedule

| | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|----------|--------|--------|---------|-----------|----------|--------|----------|
| 12:00 AM | | | | | | | |
| 1:00 AM | | | | | | | |
| 2:00 AM | | | | | | | |
| 3:00 AM | | | | | | | |
| 4:00 AM | | | | | | | |
| 5:00 AM | | | | | | | |
| 6:00 AM | | | | | | | |
| 7:00 AM | | | | | | | |
| 8:00 AM | | | | | | | |
| 9:00 AM | | | | | | | |
| 10:00 AM | | | | | | | |
| 11:00 AM | | | | | | | |
| 12:00 PM | | | | | | | |
| 1:00 PM | | | | | | | |
| 2:00 PM | | | | | | | |
| 3:00 PM | | | | | | | |
| 4:00 PM | | | | | | | |
| 5:00 PM | | | | | | | |
| 6:00 PM | | | | | | | |
| 7:00 PM | | | | | | | |
| 8:00 PM | | | | | | | |
| 9:00 PM | | | | | | | |
| 10:00 PM | | | | | | | |
| 11:00 PM | | | | | | | |

| |
|--|
| <p>Total Number of <u>Monthly</u> Hours</p> |
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Family Cost Participation Program (FCPP) Assessments

Is consumer eligible for FCPP:

Yes No

FCPP Assessment generated in SANDIS within 3 business days:

Yes Not Applicable

NLACRC RESPITE ASSESSMENT- IPP Review