

## **Respite Care Checklist**

- \_\_\_ Fill out Application for Respite Care for Children and Adults with Disabilities (DA Form 5189)
- \_\_\_ Go to your doctor to fill out Medical Record – Supplemental Medical Data Form (DA Form 4700)
- \_\_\_ Fill out Family Needs Assessment form
- \_\_\_ Fill out Family Services Needs Matrix form
- \_\_\_ Complete and sign Childcare Policy form
- \_\_\_ Return completed respite care packet to EFMP
- \_\_\_ To apply respite care hours to child care services on post, please contact Child, Youth & School Services at 803-751-4865
- \_\_\_ For personal contracts (professional, family member, or friend) please complete Hold Harmless Agreement form