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**Friday Night Out
Respite Program**
Parent/Guardian & Participant Handbook

Revised 12/2013
10/2014
07/2015
11/2019
10/2020
7/2021
12/2021
01/14/22

I. General Program Information

Easterseals Crossroads Respite Program provides rest and relaxation for family members and primary caregivers of individuals with special needs or disabilities.

Respite enhances personal and family health by providing necessary physical care and recreational activities while offering parents and caregivers a well-deserved break. The Respite Program is designed to serve families in a number of ways. Respite programs are free and available to the public.

Friday Night Out is offered monthly and is designed for individuals ages 18+. Participants that register for Friday Night Out enjoy themed events such as, dance & sock-hops, game nights, movie nights, dinner parties and more. Friday Night Out events typically take place on the 2nd Friday of every month. Reservations and registration are required.

Parent Care Packages – this program affords family members/primary caregivers the opportunity to enjoy a recreational or leisure activity while their family members are at a Respite event. Parent Care packages may consist of the opportunity to enjoy dining out or other leisure options in the Indianapolis area. *Parent Care packages are offered on an every other month basis.*

- Parents/caregivers are asked to use the Parent Care package on the night that Respite Care Services are provided. If the Parent Care package is misused in any way (i.e., not used on the designated night, used to purchase alcoholic beverages, etc.) this may result in the termination of eligibility to receive future Parent Care packages.
- Gift cards will be distributed during drop-off only. Please note that gift cards will not be held until the end of the Friday Night Out event, nor will they be mailed to families.
- All questions regarding Parent Care packages should be directed to Karen Kelley. Karen can be reached at kkelley@eastersealscrossroads.org or 317-466-1000 x2504.

II. Locations

Friday Night Out– events take place at Easterseals Crossroads, 4740 Kingsway Drive, Indianapolis, IN 46205, and out in the community. Community events TBD.

III. Registration Forms

Current registration forms that are *thoroughly completed* are required for participants for all Respite events. In addition, we may require supplemental forms where deemed necessary. These include, but are not limited to, individualized education plans, behavior support plans, individualized treatment plans, seizure management plans, g-tube feeding plans, etc. Easterseals Crossroads may also request from parents/caregivers a Release of Information to seek additional information from schoolteachers, therapists, etc.

Individuals participating in the Respite Program will be screened to determine the level of care required, and to assess how the staff can best meet the needs of the participant. The level of care assigned will be on a trial basis and is determined by Easterseals Crossroads. Should the staff determine the needs of a participant have changed, a new level of care will be assigned.

Once all of the necessary documentation has been secured and a level of care has been established, an Easterseals Crossroads employee will contact you to notify you of your eligibility to register for future events.

IV. Scheduling

Friday Night Out

Once you are registered, you may begin scheduling each month to attend Friday Night Out events. To schedule, please contact Karen Kelley at 317-466-1000 x2504 or at kkelley@eastersealscrossroads.org.

- Flyers and/or emails will be distributed on a monthly basis providing details of the event. This signifies open registration, and you are free to contact Karen to schedule.

V. Cancellation Policy

We typically have several families interested in each event and want to offer any available spots to participants on the waiting list as soon as possible. For this reason, we ask that you notify us in advance if you need to cancel your family member's reservation by contacting Karen Kelley at 317-466-1000 x2504 or at kkelley@eastersealscrossroads.org. Parents/caregivers who do not notify us in advance of the need to cancel an event registration may be required to submit a \$10.00 deposit for their family member when making future reservations. This deposit must be paid in full before participation in the next event and is non-refundable. Failure to cancel multiple events in advance may result in termination of eligibility to register for future events.

VI. Schedule of Events

Friday Night Out schedules vary depending on the event each month.

VII. Required Items to Bring

Friday Night Out:

- Diapers/wipes (if needed)
- Medication in original container (if needed)

What NOT to send with Friday Night Out participants:

- Electronics
- Food

VIII. Drop-off & Pick-up | Policies & Procedures

Drop off

- Drop off starts at 6:00 pm. **Participants must arrive no later than 30 minutes after the event begins** to avoid forfeiting their registration for the event. *IF* you know you will be running more than 15 minutes late to the program, please notify us immediately so that we can ensure proper staffing at the time of your arrival.
- Unless dinner is served at the event, participants must be fed prior to the event (including g-tube feedings).
- All medications (including PRN medications) must be checked in with staff during sign in.
- Parent Care Packages will be provided to eligible parents/caregivers at sign-in to the event.

Pick up

- **Late arrival** – Friday Night Out **events end promptly at 10:00pm**. Per the Respite Program policy, parents/caregivers will receive a verbal reminder of pickup policies upon their first late arrival. Upon a second late arrival, the family will be asked to take a 1-month hiatus from registering for events. If, after the one-month hiatus an additional late pickup occurs, the family will be asked to take a 3-month hiatus from registering for events. Late pickups of participants could result in temporary suspension of attendance. In addition, multiple late arrivals could result in the possible termination of Respite Program services in the future.
- **Intoxicated or impaired parent/caregiver** – it is our policy that no consumer will be allowed to leave an Easterseals Crossroads facility, program or sponsored activity with a parent, guardian or caregiver who presents in a condition which may prevent them from assuring the participant's welfare.
 - Staff will use their best judgment in determining if a parent, guardian, or caregiver presents in a condition which may prevent them from assuring the participant's welfare.
 - If deemed necessary, staff will contact another authorized user or emergency contact on the registration form. If they are not available, Yellow Cab will be contacted and paid for by Easterseals Crossroads.

IX. Behavior Policy and Consultation

In the event that a participant is posing a threat to his or her own safety or to the safety of others while at an event, the Respite staff will request a behavioral consultation from behavior support staff at Easterseals Crossroads. Behavior support staff will work with Respite staff to provide behavior recommendations to aid in reducing the target behavior(s). If the participant's behavior does not improve with the assistance of behavioral support, the participant may need to be withdrawn from the Respite program.

X. Specific Medical Needs

Feeding Tubes

Participants who require the use of a feeding tube may participate in Respite events, but feedings will not be provided unless medical documentation indicates it is medically necessary during the hours of the Respite event. Should it be deemed medically necessary, the parent/caregiver will need to submit a supplemental form to Easterseals Crossroads with the specifics of the feeding. Supplemental forms can be obtained by contacting Karen Kelley at kkelley@eastersealscrossroads.org or 317-466-1000 x2504.

Food Allergies and Special Food Preparation Requirements

If the registered participant has a significant food or environmental allergy, please contact Karen Kelley at kkelley@eastersealscrossroads.org or 317-466-1000 x2504 to secure a supplemental form. The supplemental form will help us to understand the specifics of the allergy and the procedures to follow in case of an allergic reaction. Respite staff will do their best to avoid common food allergies such as nuts and gluten but may not be able to accommodate all allergies at every event. It is best to always send a "back-up" snack for the participant to enjoy during snack time if they have specific food allergies.

If the registered participant has specific food preparation needs, please contact Karen Kelley at kkelley@eastersealscrossroads.org or 317-466-1000 x2504 to secure a supplemental form. The supplemental form will help us to better understand the specific dietary needs of the participant and to ensure proper nutrition during Respite events.

Please note: Staff will not have access to supplies such as thickening solutions for liquids; please plan to provide the necessary supplies if needed.

Seizures

A seizure management plan and/or a supplemental form should be completed for all participants with a seizure disorder. Supplemental forms can be obtained from Karen Kelley at kkelley@eastersealscrossroads.org or 317-466-1000 x2504. If the participant has emergency seizure medication, this will need to be brought to each Respite event and registered with staff at sign-in to the event.

Medication Administration

The process for handling and administering medications must be well structured and carefully followed in order to ensure that the interests of the participant and the providers are best served. When possible, participant, caregiver and physician should try to minimize the need for medication while participating in Easterseals Crossroads programs. Medicines ordered twice a day should normally be given before and after, rather than during, respite hours. Medications ordered to be given three times daily also may be planned so that they are given while the respite participant is at home. However, in some cases, administration of medications during program hours is unavoidable.

Medical Consent

Friday Night Out Team Leaders will administer medication only if the parent or legal guardian has provided written consent on the Medication Consent and Log; the medication is available in an original labeled prescription or manufacturer's container that meets the safety check requirements.

1. Prescription Medication

- Parents or legal guardians will provide the medication in the original, child-resistant container that is labeled by a pharmacist with the participant's name, the name and strength of the medication.
- The date the prescription was filled.
- The name of the healthcare provider who wrote the prescription.
- The medication's expiration date.
- And administration, storage, and disposal instructions.

2. Nonprescription Medication

- Parents or legal guardians will provide the medication in the original container.
- The medication will be labeled with the participant's first and last name.
- Specific, legible instructions for administration and storage supplied by the manufacturer.
- Name of the healthcare provider who recommended the medication for the participant.

XI. Emergency or Crisis Situations

Parents & caregivers are expected to always be available via cell phone while their family member is with us at a Respite event. If the primary parent or caregiver is not able to be reached, staff will contact the emergency contacts listed on the registration form. If emergency contacts cannot be reached, Easterseals Crossroads reserves the right to contact emergency medical help (911) for assistance.

- **Crisis or emergencies could include situations such as (but not limited to):** fire, tornado, late pick up from a Respite event, medical concerns, or behavioral concerns.

XII. Compliments/Concerns/Questions?

Please direct all compliments/concerns/questions to Kristyn Greenawald, Manager of Respite Services. Kristyn can be reached at 317-466-1000 X 2420 or kgreenawald@eastersealscrossroads.org.



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**2022 Acknowledgement of Receipt
Parent/Guardian & Participant Handbook – Respite Services**

I, _____, the parent/guardian of _____
(Parent/Guardian Name) (Primary Participant's Name)
sign below acknowledging the receipt of the Parent/Guardian & Participant Handbook and agree to comply with the policies and procedures set in place. I understand that it is my responsibility to read and familiarize myself with the handbook and to ask questions about anything I do not understand.

Signature

Date