easterseals Crossroads

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Respite Program Services

Annual Registration Forms

Dear Parent/Caregiver,

Thank you for your interest in our Respite Programs at Easterseals Crossroads! We are excited that you and your family are considering utilizing our services.

In order to participate in a Respite event, we must have a registration form on file for each individual interested in attending (this includes typically developing siblings). The registration form contains basic information needed for all Respite Programs and must be completed annually. Please be advised that it is for the safety of your loved one, the other individuals in the program, and our staff that the registration forms are thoroughly completed and support plans are attached. Should we not receive all pertinent information, admission to the program may be delayed.

The annual registration form contains basic information needed for all Respite Programs.

Please return enclosed paperwork and **copies of updated IEPs (or another form of documentation to confirm diagnosis)** for all children who have them to:

Karen Kelley
Kkelley@eastersealscrossroads.org
4740 Kingsway Dr.
Indianapolis, IN 46205
P: 317-466-1000 X 2504
F: 317-788-4640

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2024
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 through and familiarize myself with the handbook and to ask questions about anything I do not understand.

_____ _____
Signature **Date**

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2024 Annual Respite Registration Forms

Directions: Page 3 should be completed once for your family and pages 4-6 for each participant.

Individuals Attending Respite Programs:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Parent/Guardian/Caregiver Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home: _____ Cell: _____

Email address: _____

How did you hear about us? _____

Other than those listed above, the following people are authorized to pick up/drop off the participant *(ID required)*

Name: _____ Phone: _____

Name: _____Phone: _____

Name: _____ Phone: _____

EMERGENCY CONTACT INFORMATION (other than parent/caregiver listed above):

1. Name: _____ Relation to participant: _____

Home Number: _____ Cell Phone Number: _____

2. Name: _____ Relation to participant: _____

Home Number: _____ Cell Phone Number: _____

Preferred Hospital: _____ Preferred Doctor: _____

Address: _____ Phone: _____

By signing below, I acknowledge the following: *I have provided Easterseals Crossroads with the most recent and up-to-date information including health, medical and authorized pick-up user information for the above listed participant(s). In addition, I have attached all of the required support plans in order to ensure participants have a safe and healthy experience while participating in the Respite events. I understand if the individual's behavior poses a threat to his safety or the safety of others, the individual may need to be withdrawn from the program. In the event of an emergency, I give my permission for Easterseals Crossroads to seek emergency medical care and treatment from the physician and/or hospital that I have identified above for the participant.*

Parent/Guardian Signature: _____ **Date:** _____

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Participant Information:

Name: _____ Date of Birth: _____

Male: _____ Female: _____ Nonbinary (neither, both, or something else): _____

Pronouns that should be used to refer to the participant:

- ❑ She/Her/Hers
- ❑ He/Him/His
- ❑ They/Them/Theirs
- ❑ Something else _____

Primary Disability: _____ Secondary Disability: _____

Allergies (medications/food): _____

School Classroom Setting (i.e. general education, special education, ABA center etc.): _____

Individual requires one-on-one care or supervision (aide at school, CNA/RN care at home, etc.) yes no

If yes, please explain_____

Ethnicity:

☐African American ☐Native American ☐Asian American ☐Caucasian
☐Hispanic ☐Multiple Ethnicities ☐Other: _____

Support plans:

My participant has the following support plans in place, and I have attached them to this registration form.

☐Individualized Education Plan ☐Behavior Support Plan ☐Individual Support Plan

☐Seizure Management Plan ☐Other: _____ ☐Not Applicable; Reason: _____

Levels of Care:

The following information will inform the level of care needed and how Respite staff can best support your participant at each Respite event.

Toileting

☐Participant is fully independent

If not, please check all that apply:

☐Reminders ☐Diapers

☐Assistance with clothing ☐Assistance with washing hands

☐Assistance after a bowel movement ☐Assistance transferring on/off toilet

Please describe:

_____

_____

Ambulation/Risk of Falling

☐Participant is fully independent/ambulatory and has no serious risk of falling

If not, please check all that apply:

☐Use of wheelchair
☐Use of prosthetics/orthotics
☐Requires assistance ambulating/transferring
☐Risk of falling due to instability
☐Risk of falling due to seizures
☐Other: _____

Please describe: _____
_____

Medication Administration

☐Participant will frequently require medication administration while at Respite events
(If yes, you need to fill out a medication administration form at sign in each time you attend a respite event.)

☐Participant will not require medication administration while at Respite events

☐Participant requires administration of PRN medication (i.e., inhaler, melatonin, diastat, epi-pen)

Please describe: _____
_____

Level of Supervision Needed

☐Independent – Participant requires minimal support from Respite staff in any setting

☐Large Group – Participant will engage in large group activities with Respite staff (5-7 participants)

☐Small Group – Participant will engage in small group activities with Respite staff (2-4 participants)

☐One-on-One – Participant will always require one-on-one support from Respite staff

How does your participant respond to new environments? _____

Leisure Activities

Please check all activities that your child enjoys participating in:

☐Outside/Playground
☐Arts/Crafts
☐Sports
☐Reading Books
☐Video games/electronics
☐Movies
☐Pretend Play
☐Music/Dancing
☐Gym
☐Painting/Coloring
☐Board Games
☐Other: _____

Please describe: _____

Communication

☐Participant can effectively communicate needs and/or if help is needed

If not, please check all that apply:

☐Requests items by pointing
☐Sign/Gestures/ASL
☐Communication device
☐Vocalizations/sounds
☐PECS (**p**icture **e**xchange **c**ommunication **s**ystem)
☐Writing/Visual schedules/Word cards
☐One- or two-word phrases
☐Unable to communicate needs

Please describe*:* _____

_____

Nutrition/Feeding

☐Participant is fully independent

If not, please check all that apply:

☐Special preparation of food (i.e., pureed, soft, cut into small pieces, etc.)

☐Food allergies ☐Diabetic

☐G-tube feedings ☐Diet restrictions

☐Bottle feeding ☐Choking risk

☐Assistance opening packages ☐Assistance with feeding/using utensils

☐Snack will be provided by parent/caregiver

Please describe: _____

_____

Sensory

Please indicate by checking each of the following that may impact the participant's behavior/participation:

☐Bright lights/Sunlight ☐Hot/Cold ☐Touch ☐Sounds/Loud noises

☐Animals ☐Thunderstorms ☐Other: _____

Please describe sensory activities and items that will assist participant enjoyment at an event (i.e. ear protection, chewy toys, light-up objects, ect.):

Please describe: _____

_____

Behaviors

Directions: Please indicate the approximate frequency (if at all) of the following behaviors.

BEHAVIOR	COUNT		TIME	DIRECTION GIVEN
Example: Does not comply with requests	*3 times*	*per*	hour	
Scratches, pinches, bites, or hits self		*per*		
Scratches, pinches, bites, or spits on others		*Per*		
Bangs head		*Per*		
Grabs others		*Per*		
Pulls Hair		*Per*		
Runs away/risk of elopement		*Per*		
Gets into/takes others personal belongings		*Per*		
Strips down clothing/exposes self in public		*Per*		

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Participant Information:

Name: _____ Date of Birth: _____

Male: _____ Female: _____ Nonbinary (neither, both, or something else): _____

Pronouns that should be used to refer to the participant:

- ❑ She/Her/Hers
- ❑ He/Him/His
- ❑ They/Them/Theirs
- ❑ Something else _____

Primary Disability: _____ Secondary Disability: _____

Allergies (medications/food): _____

School Classroom Setting (i.e. general education, special education, ABA center etc.): _____

Individual requires one-on-one care or supervision (aide at school, CNA/RN care at home, etc.) yes no

If yes, please explain_____

Ethnicity:

☐African American ☐Native American ☐Asian American ☐Caucasian
☐Hispanic ☐Multiple Ethnicities ☐Other: _____

Support plans:

My participant has the following support plans in place, and I have attached them to this registration form.

☐Individualized Education Plan ☐Behavior Support Plan ☐Individual Support Plan

☐Seizure Management Plan ☐Other: _____ ☐Not Applicable; Reason: _____

Levels of Care:

The following information will inform the level of care needed and how Respite staff can best support your participant at each Respite event.

Toileting

☐Participant is fully independent

If not, please check all that apply:

☐Reminders ☐Diapers

☐Assistance with clothing ☐Assistance with washing hands

☐Assistance after a bowel movement ☐Assistance transferring on/off toilet

Please describe:

_____

_____

Ambulation/Risk of Falling

☐Participant is fully independent/ambulatory and has no serious risk of falling

If not, please check all that apply:

☐Use of wheelchair
☐Use of prosthetics/orthotics
☐Requires assistance ambulating/transferring
☐Risk of falling due to instability
☐Risk of falling due to seizures
☐Other: _____

Please describe: _____
_____

Medication Administration

☐Participant will frequently require medication administration while at Respite events
(If yes, you need to fill out a medication administration form at sign in each time you attend a respite event.)

☐Participant will not require medication administration while at Respite events

☐Participant requires administration of PRN medication (i.e., inhaler, melatonin, diastat, epi-pen)

Please describe: _____
_____

Level of Supervision Needed

☐Independent – Participant requires minimal support from Respite staff in any setting

☐Large Group – Participant will engage in large group activities with Respite staff (5-7 participants)

☐Small Group – Participant will engage in small group activities with Respite staff (2-4 participants)

☐One-on-One – Participant will always require one-on-one support from Respite staff

How does your participant respond to new environments? _____

Leisure Activities

Please check all activities that your child enjoys participating in:

☐Outside/Playground
☐Arts/Crafts
☐Sports
☐Reading Books
☐Video games/electronics
☐Movies
☐Pretend Play
☐Music/Dancing
☐Gym
☐Painting/Coloring
☐Board Games
☐Other: _____

Please describe: _____

Communication

☐Participant can effectively communicate needs and/or if help is needed

If not, please check all that apply:

☐Requests items by pointing
☐Sign/Gestures/ASL
☐Communication device
☐Vocalizations/sounds
☐PECS (**p**icture **e**xchange **c**ommunication **s**ystem)
☐Writing/Visual schedules/Word cards
☐One- or two-word phrases
☐Unable to communicate needs

Please describe*:* _____

_____

Nutrition/Feeding

☐Participant is fully independent

If not, please check all that apply:

☐Special preparation of food (i.e., pureed, soft, cut into small pieces, etc.)

☐Food allergies ☐Diabetic

☐G-tube feedings ☐Diet restrictions

☐Bottle feeding ☐Choking risk

☐Assistance opening packages ☐Assistance with feeding/using utensils

☐Snack will be provided by parent/caregiver

Please describe: _____

_____

Sensory

Please indicate by checking each of the following that may impact the participant's behavior/participation:

☐Bright lights/Sunlight ☐Hot/Cold ☐Touch ☐Sounds/Loud noises

☐Animals ☐Thunderstorms ☐Other: _____

Please describe sensory activities and items that will assist participant enjoyment at an event (i.e. ear protection, chewy toys, light-up objects, ect.):

Please describe: _____

_____

Behaviors

Directions: Please indicate the approximate frequency (if at all) of the following behaviors.

BEHAVIOR	COUNT		TIME	DIRECTION GIVEN
Example: Does not comply with requests	*3 times*	*per*	hour	
Scratches, pinches, bites, or hits self		*per*		
Scratches, pinches, bites, or spits on others		*Per*		
Bangs head		*Per*		
Grabs others		*Per*		
Pulls Hair		*Per*		
Runs away/risk of elopement		*Per*		
Gets into/takes others personal belongings		*Per*		
Strips down clothing/exposes self in public		*Per*		

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Participant Information:

Name: _____ Date of Birth: _____

Male: _____ Female: _____ Nonbinary (neither, both, or something else): _____

Pronouns that should be used to refer to the participant:

- ❑ She/Her/Hers
- ❑ He/Him/His
- ❑ They/Them/Theirs
- ❑ Something else _____

Primary Disability: _____ Secondary Disability: _____

Allergies (medications/food): _____

School Classroom Setting (i.e. general education, special education, ABA center etc.): _____

Individual requires one-on-one care or supervision (aide at school, CNA/RN care at home, etc.) yes no

If yes, please explain_____

Ethnicity:

☐African American ☐Native American ☐Asian American ☐Caucasian
☐Hispanic ☐Multiple Ethnicities ☐Other: _____

Support plans:

My participant has the following support plans in place, and I have attached them to this registration form.

☐Individualized Education Plan ☐Behavior Support Plan ☐Individual Support Plan

☐Seizure Management Plan ☐Other: _____ ☐Not Applicable; Reason: _____

Levels of Care:

The following information will inform the level of care needed and how Respite staff can best support your participant at each Respite event.

Toileting

☐Participant is fully independent

If not, please check all that apply:

☐Reminders ☐Diapers

☐Assistance with clothing ☐Assistance with washing hands

☐Assistance after a bowel movement ☐Assistance transferring on/off toilet

Please describe:

_____

_____

Ambulation/Risk of Falling

☐Participant is fully independent/ambulatory and has no serious risk of falling

If not, please check all that apply:

☐Use of wheelchair
☐Use of prosthetics/orthotics
☐Requires assistance ambulating/transferring
☐Risk of falling due to instability
☐Risk of falling due to seizures
☐Other: _____

Please describe: _____
_____

Medication Administration

☐Participant will frequently require medication administration while at Respite events
(If yes, you need to fill out a medication administration form at sign in each time you attend a respite event.)

☐Participant will not require medication administration while at Respite events

☐Participant requires administration of PRN medication (i.e., inhaler, melatonin, diastat, epi-pen)

Please describe: _____
_____

Level of Supervision Needed

☐Independent – Participant requires minimal support from Respite staff in any setting

☐Large Group – Participant will engage in large group activities with Respite staff (5-7 participants)

☐Small Group – Participant will engage in small group activities with Respite staff (2-4 participants)

☐One-on-One – Participant will always require one-on-one support from Respite staff

How does your participant respond to new environments? _____

Leisure Activities

Please check all activities that your child enjoys participating in:

☐Outside/Playground
☐Arts/Crafts
☐Sports
☐Reading Books
☐Video games/electronics
☐Movies
☐Pretend Play
☐Music/Dancing
☐Gym
☐Painting/Coloring
☐Board Games
☐Other: _____

Please describe: _____

Communication

☐Participant can effectively communicate needs and/or if help is needed

If not, please check all that apply:

☐Requests items by pointing
☐Sign/Gestures/ASL
☐Communication device
☐Vocalizations/sounds
☐PECS (**p**icture **e**xchange **c**ommunication **s**ystem)
☐Writing/Visual schedules/Word cards
☐One- or two-word phrases
☐Unable to communicate needs

Please describe*:* _____

_____

Nutrition/Feeding

☐Participant is fully independent

If not, please check all that apply:

☐Special preparation of food (i.e., pureed, soft, cut into small pieces, etc.)

☐Food allergies ☐Diabetic

☐G-tube feedings ☐Diet restrictions

☐Bottle feeding ☐Choking risk

☐Assistance opening packages ☐Assistance with feeding/using utensils

☐Snack will be provided by parent/caregiver

Please describe: _____

_____

Sensory

Please indicate by checking each of the following that may impact the participant's behavior/participation:

☐Bright lights/Sunlight ☐Hot/Cold ☐Touch ☐Sounds/Loud noises

☐Animals ☐Thunderstorms ☐Other: _____

Please describe sensory activities and items that will assist participant enjoyment at an event (i.e. ear protection, chewy toys, light-up objects, ect.):

Please describe: _____

_____

Behaviors

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Grabs others		*Per*		
Pulls Hair		*Per*		
Runs away/risk of elopement		*Per*		
Gets into/takes others personal belongings		*Per*		
Strips down clothing/exposes self in public		*Per*		

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Primary Disability: _____ Secondary Disability: _____

Allergies (medications/food): _____

School Classroom Setting (i.e. general education, special education, ABA center etc.): _____

Individual requires one-on-one care or supervision (aide at school, CNA/RN care at home, etc.) yes no

If yes, please explain_____

Ethnicity:

☐African American ☐Native American ☐Asian American ☐Caucasian
☐Hispanic ☐Multiple Ethnicities ☐Other: _____

Support plans:

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Levels of Care:

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Toileting

☐Participant is fully independent

If not, please check all that apply:

☐Reminders ☐Diapers

☐Assistance with clothing ☐Assistance with washing hands

☐Assistance after a bowel movement ☐Assistance transferring on/off toilet

Please describe:

_____

_____

Ambulation/Risk of Falling

☐Participant is fully independent/ambulatory and has no serious risk of falling

If not, please check all that apply:

☐Use of wheelchair
☐Use of prosthetics/orthotics
☐Requires assistance ambulating/transferring
☐Risk of falling due to instability
☐Risk of falling due to seizures
☐Other: _____

Please describe: _____
_____

Medication Administration

☐Participant will frequently require medication administration while at Respite events
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Please describe: _____
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Level of Supervision Needed

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How does your participant respond to new environments? _____

Leisure Activities

Please check all activities that your child enjoys participating in:

☐Outside/Playground
☐Arts/Crafts
☐Sports
☐Reading Books
☐Video games/electronics
☐Movies
☐Pretend Play
☐Music/Dancing
☐Gym
☐Painting/Coloring
☐Board Games
☐Other: _____

Please describe: _____

Communication

☐Participant can effectively communicate needs and/or if help is needed

If not, please check all that apply:

☐Requests items by pointing
☐Sign/Gestures/ASL
☐Communication device
☐Vocalizations/sounds
☐PECS (**p**icture **e**xchange **c**ommunication **s**ystem)
☐Writing/Visual schedules/Word cards
☐One- or two-word phrases
☐Unable to communicate needs

Please describe*:* _____

_____

Nutrition/Feeding

☐Participant is fully independent

If not, please check all that apply:

☐Special preparation of food (i.e., pureed, soft, cut into small pieces, etc.)

☐Food allergies ☐Diabetic

☐G-tube feedings ☐Diet restrictions

☐Bottle feeding ☐Choking risk

☐Assistance opening packages ☐Assistance with feeding/using utensils

☐Snack will be provided by parent/caregiver

Please describe: _____

_____

Sensory

Please indicate by checking each of the following that may impact the participant's behavior/participation:

☐Bright lights/Sunlight ☐Hot/Cold ☐Touch ☐Sounds/Loud noises

☐Animals ☐Thunderstorms ☐Other: _____

Please describe sensory activities and items that will assist participant enjoyment at an event (i.e. ear protection, chewy toys, light-up objects, ect.):

Please describe: _____

_____

Behaviors

Directions: Please indicate the approximate frequency (if at all) of the following behaviors.

BEHAVIOR	COUNT		TIME	DIRECTION GIVEN
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Scratches, pinches, bites, or spits on others		*Per*		
Bangs head		*Per*		
Grabs others		*Per*		
Pulls Hair		*Per*		
Runs away/risk of elopement		*Per*		
Gets into/takes others personal belongings		*Per*		
Strips down clothing/exposes self in public		*Per*		