Important Information for Respite Care

Helpful details for the person caring for this child

About This Child

Child's Name

Date of Birth

Medicaid / Amerigroup Number

Visitation

Who	Frequency	Duration	Transporter & Phone

Phone Calls with Parents

Bio-Mom: Allowed / Not Allowed / Allowed with Supervision

Bio-Dad: Allowed / Not Allowed / Allowed with Supervision

Other (Grandparent, etc.): Allowed / Not Allowed / Allowed with Supervision

Is the Child Specifically Prohibited from Contact with Anyone Not Listed?

Allergies & Medications

Allergies

Medications (Name, Dose, When)

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Daily Rhythm

Wake-Up Time and Morning Routine

School or Daycare Drop-Off

After-School / Afternoon

Evening at Home

Meals & Snacks

Favorite Meals, Snacks, and Usual Times

Bedtime

Routine and What Helps Them Settle

Comfort & Stress

Comfort Items

What Helps After a Hard Moment

Triggers or Things to Avoid

Words or Topics That Are Off-Limits

Anything Else That Helps Them Feel Safe

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