

## St John of God, Liffey Services.

Respite Enquiry Form for St John of God Regional Respite Services.

Name of person referred:							
Date of Birth:							
Home Address:							
Telephone Number:							
Name of person making the referral:							
Relationship to person referred:							
Do you require respite for: Child Adult							
Does this person receive any additional supports: Yes: No:							
If Yes please confirm what supports are currently being provided?							
<ul> <li>After school</li> <li>Home Support</li> <li>Family Support</li> <li>Other Respite</li> <li>Host Families</li> <li>HSE Home care</li> </ul> Reason for Respite Referral?							
Is this person's Intellectual disability: Mild							
Moderate							
Severe							
Profound							
Does this person reside in the Liffey Services catchment area? Yes 🗌 No 📃							
Is for a child are they aged between 7 and 18 years of age? * Yes 🗌 No 🗌							
Does the child attend Liffey Services School/early services? Yes 🗌 No 🗌							

\* A child/young person can avail of respite up to August 31<sup>st</sup> in the school year in which the child turn eighteen year of age.

## Does the person require care/support of the following nature: If yes, please provide additional information.

Acute medical interventions and/or specialist nursing care?	Yes	No
Constant monitoring e.g. of oxygen saturation levels?	Yes 🗌	No
Intravenous lines to administer drips/medication?	Yes 📃	No
Palliative/End of life care?	Yes 🗌	No

Once the above have been fully completed please forward this form to the Secretary of the application for supports Committee by email or post.

If it is identified that Liffey Services Respite is not in apposition to meet the person's needs, you will be informed via a letter and it may be possible to suggest an alternative service to liaise with for respite/additional supports

If it is identified that Liffey Services Respite may be in a position to meet the person's needs, the Supervisor will contact you regarding placing the person's name on the waiting list for respite.

For office use only.							
Date	referr	al		received:			
Date	discussed	at	Regional	respite Committee:			
Decisio	on Made (Tick	k): Ne	w Admission	Regret			