

# Respite Services Information and Referral Form



## THIS REFERRAL FORM IS REQUIRED FOR AUTHORIZATION

Community Supports (CS) are services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

**Respite Services** are provided to caregivers of Members who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. This service is distinct from medical respite/recuperative care and is rest for the caregiver only.

## CONSENT

Member Consenting to Respite Services :  YES  NO

If NO, please stop and do not continue.

## MEMBER INFORMATION

Name:  Medi-Cal # CIN: (9 digits)

DOB:  Phone Number:  Preferred Language:

Current Living Situation:

Address:

Member has family member/friend able to provide caregiving?  YES  NO

## REFERRER INFORMATION

Referrer Name:  Referrer Phone Number:

Referrer Email:  Agency:

Agency Phone Number:  Agency Fax Number:

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Referrer Signature

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Date

## RELEVANT QUESTIONS

Does the member require caregiver relief to avoid institutional placement?  YES  NO

Is the member receiving IHSS, Home Health, and any other direct care services in the home?  YES  NO

Has the member previously received Respite Services in the calendar year?  YES  NO

## ELIGIBILITY CRITERIA

### Member must meet both:

1. Does member need assistance with their Activities of Daily Living (ADLs)?  YES  NO
2. Is the member dependent upon a qualified caregiver who provides most of their support?  YES  NO

### OR the following:

Member is a child who is a foster care program beneficiary, enrollment in either California Children's Services or the Genetically Handicapped Persons Program (GHPP)?  YES  NO

If not submitted via the Provider Portal, you may fax this form to: (805) 681-3039 or via the secure link

**Secure Link:** <https://gateway.cencalhealth.org/form/cs>

**For any questions, please call the Community Supports Unit at (805) 562-1698**