

St. Clair County Community Mental Health Authority  
**Individuals with Developmental Disabilities**  
**(Child 74-120)**  
**Respite Assessment**

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Consumer Name: \_\_\_\_\_ Case # \_\_\_\_\_ Supports Coordinator \_\_\_\_\_

Consumer DOB: \_\_\_\_\_ Date Assessment Completed: \_\_\_\_\_ Initial ☐ Annual ☐  
(check one)

**I. Current Supports and Resources**

1. Indicate the number of hours consumer is involved in/at:

\_\_\_\_\_ hrs: School  
+ \_\_\_\_\_ hrs: Work, Volunteer or Independent Community Activities  
+ \_\_\_\_\_ hrs: Bus Ride  
+ \_\_\_\_\_ hrs: Day Care or Dependent Care  
+ \_\_\_\_\_ hrs: Independent Sleep (**without** need for caregiver assistance/intervention)  
+ \_\_\_\_\_ hrs: In Home CLS or Home Help Services by paid providers (could be caregiver(s))  
= \_\_\_\_\_ hrs: **Total Hours**

24 hours - \_\_\_\_\_ = \_\_\_\_\_ hours of support provided by caregiver(s)

2. Indicate the approximate length of time the consumer is able to function safely without direct ("eyes on") contact (for example, caregiver may be in the home but not in the same room). \_\_\_\_\_ minutes ☐ hours ☐  
(check one) per day.
3. Indicate the number of minutes/hours a day the consumer can remain in the home alone \_\_\_\_\_ minutes ☐  
hours ☐ (check one) per day.
4. Indicate whether or not the consumer is able to remain alone overnight ☐ Yes ☐ No

**II. Caregiver Availability**

1. Indicate the number of available caregivers (including parents) available to provide care: \_\_\_\_\_
2. Is any primary caregiver receiving professional treatment for a current physical or emotional disability or major illness that interferes with their ability to provide care?  
☐ Yes ☐ No
3. If yes to #2, is the condition short-term (stabilization/recovery within 3 months) or long-term (chronic or terminal) ☐ short-term ☐ long-term
4. Please read through the following descriptions and select the **ONE** which best fits the current family situation:
- ☐ Level of stress to the family system is consistent with other families providing care to a special needs individual.
- ☐ Family is experiencing temporary but high level of stress on the family system (i.e. divorce, job loss, injury to caregiver, death, etc.) within the past 3 months.
- ☐ Family is experiencing persistent and/or escalating levels of stress.

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Briefly describe stress to family system: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### III. Medical Support Needs

Please check the items below that pertain to consumer as determined (diagnosed) by a physician.

#### **Trained** Interventions Performed by Primary Caregiver

- ☐ Oral Suctioning
- ☐ Intermittent Catheterization
- ☐ Insulin/Diabetes
- ☐ G-tube
- ☐ J-tube
- ☐ Vital Signs
- ☐ Oxygen

#### **Professional** Interventions Performed by Primary Caregiver

- ☐ Deep Suctioning
- ☐ NG Tube
- ☐ Ventilator Care
- ☐ Trach. Care
- ☐ Intravenous
- ☐ Injections/IV Therapy

#### **Medical Conditions** Affecting Care

- ☐ Shunt
- ☐ Epilepsy (has had a seizure in the past month)
- ☐ CP
- ☐ Muscular Dystrophy

### IV. Behavioral Support Needs

Please read through the entire section on Behavioral Support Needs and then select A, B, or C (One Only) which most closely fits the individual.

- A. Individual has behavioral challenges which present a danger to self or others, if not provided continuous direct supervision. An example would be severe self-abusive behaviors which produce injuries or serious property destruction. ☐ Yes ☐ No

Briefly describe behavior, injuries/property destruction and current frequency: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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B. Individual has behavioral challenges which requires less than 24-hour direct supervision. Such behaviors present risk of injury or property destruction but are not life-threatening or do not result in serious injury without intervention. ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

C. Individual has behavioral challenges that are typical for a person at this age. ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

**V. Supports Needed for Personal Care and Activities of Daily Living**

**Complete this section only if consumer is 5 years of age and older.**

Please check the skill and level of functioning that best describes the consumer's need. If the consumer's functioning level is evenly described in two categories, check both.

**Do not complete if child is less than 5 years of age.**

If consumer is 5 y.o. or older but under 10 y.o., indicate level for the first three items.

If consumer is 10 y.o. but under 18 y.o., indicate level for the first three and second three items.

If consumer is 18 y.o. or older, indicate level for all thirteen items.

	Skill	Level of Independence/Functioning		
		Independent	Needs Verbal Prompts	Needs Physical Support or Assistance
<b>Complete if age of consumer is: 5 years old and older</b>	Toileting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Feeding Self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Complete if age of consumer is: 10 years old and older</b>	Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Complete if age of consumer is: 18 years old and older</b>	Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	House Cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Accessing Community Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Use of Community Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Money Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Household Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Personal Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total the checks per functioning level →			

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Rating Scale and Authorization

**I. Support/Resources**

- 0- less than 6 hours = 1 point  
6 – less than 12 hours = 2 points  
12 – less than 18 hours = 3 points  
18 – 24 hours = 4 points
- 0 – 10 minutes = 3 points  
10+ - 30 minutes = 2 points  
30+ - 60 minutes = 1 point  
1+ hours = 0 points
- Yes = 0 points, No = 1 point

Total points: \_\_\_\_\_

**II. Caregiver Availability**

- Number of caregivers including parents:
  - 1 caregiver = 3 points
  - 2 caregivers = 2 points
  - 3 caregivers = 1 point
  - 4+ caregivers = 0 points
- Yes = 1 point, No = 0 points
- Is the condition short-term (stabilization/recovery within 3 months) or long-term (chronic or terminal).
  - Short-term = 0 points
  - Long-term = 1 point
- Level of stress to the family system:
  - 1 point = Level of stress to the family system is consistent with other families providing care to a special needs individual.
  - 2 points = Family is experiencing temporary but high level of stress on the family system (i.e. divorce, job loss, injury to caregiver, death, etc.) within the past 3 months.
  - 3 points = Family is experiencing persistent and/or escalating levels of stress.

Total points: \_\_\_\_\_

**III. Medical Support**

- Trained Interventions
  - 1-2 Interventions = 1 point
  - 3 Interventions = 2 points
  - 3+ Interventions = 3 points, **then add**
- Professional Interventions (any #) = 2 points **OR**
- No Interventions = 0 points
- Medical Conditions
  - 1-2 Conditions = 1 point
  - 3 or More Conditions = 2 points

Total points: \_\_\_\_\_

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**IV. Behavioral Support**

- A = 5 points
- B = 3 points
- C = 0 points

Total points: \_\_\_\_\_

**V. Personal Care and ADL's**

Look at the total number of checks per "functioning level" and use list below to determine number of points the individual will receive for this section.

If majority of checks were in the "Independent" column = 0 points

If majority of checks were in the "Needs Verbal Prompts" column = 2 points

If majority of checks were in the "Needs Physical Support or Assistance" column = 4 points

If the individual's greatest number of points is equal in two sections, they will receive the number of points between sections. For example: if the Independent column (0 points) and Verbal Prompts column (2 points), have an equal amount of checks **AND** that number is higher than the third column, then the consumer would get 1 point.

Total points: \_\_\_\_\_

**Score and Authorization**

**Cumulative Score**

- |                                    |       |
|------------------------------------|-------|
| 1. Support Services                | _____ |
| 2. Caregiver Availability          | _____ |
| 3. Medical Support                 | _____ |
| 4. Behavioral Support              | _____ |
| 5. Personal Care (over age 5 ONLY) | _____ |

**TOTAL**                      =                      \_\_\_\_\_

**Respite Hours to Authorize**

Total Score	2-11	up to 2 hpw
Total Score	12-21	up to 4 hpw
Total Score	22-33	up to 6 hpw

Scale completed by \_\_\_\_\_

Date \_\_\_\_\_

Approved by \_\_\_\_\_

Date \_\_\_\_\_