First Free Church
Masterpiece R&R (Refuel & Refresh) – Respite Care Program

Plan of Care (for children)

Date of Application _____

Child's Full Name _____ Preferred Name _____

Date of Birth _____ Age _____ Gender _____

Parents Full Name _____

Address _____

City, State, Zip _____

Home Phone _____ *Cell Phone _____

Email _____

Cell or pager must be on while your child is at Masterpiece R&R

How did you hear about this program? _____

What is wonderful about your child? _____
_____

Siblings (w/o special needs) who will be attending Masterpiece R&R

Name:	Age	Birthday
_____		
_____		
_____	_____	

In the event of an emergency and we can not reach you, the following person may be called and is authorized to pick up my child. (Positive ID must be provided before your child will be released.)

Name ___________________________________ Relationship

__________________ Phone ___________________________________

Diagnosis: Please check all that apply & circle degree of severity:

- Autism Mild Moderate Profound
- Cerebral Palsy Mild Moderate Profound
- Developmental Delay Mild Moderate Profound
- Down Syndrome
- Emotional Disability Mild Moderate Profound
- Fragile X Syndrome Mild Moderate Profound
- Hearing Impaired Mild Moderate Profound
- Learning Disability Mild Moderate Profound
- Multiple Handicaps
- PDD Spectrum Mild Moderate Profound
- Physically Disabled Mild Moderate Profound
- Rett Syndrome Mild Moderate Profound
- Seizure Disorder Mild Moderate Profound
- Tourettes Syndrome Mild Moderate Profound
- Visually Impaired Mild Moderate Profound
- Other (Asperger's Syndrome, Brain Injury, Prader-Willi Syndrome....)
  Please describe: _____
  _____

Communication Needs:

- Predominantly Non-Verbal
- Predominantly Verbal

Check all that apply:

- Speaks clearly
- Requires prompts/cues to initiate
- Vocalizations not always understood
- Requires prompts to interact
- Can express basic needs and wants by:
  - Speaking
  - Eye contact
  - Gestures – Give examples: _____
  - Signs – give examples: _____
  - Assistive Technology (picture boards, books, talkers) _____
  - Other, please describe: _____
    _____

Mobility Needs:

- Walks independently
- Uses cane/crutches
- Uses walker
- Uses wheelchair
- Other _____

Dietary/Feeding Needs:

List all diet restrictions: _____

Foods to avoid/Allergies to foods or medications: _____
_____

Snacks foods child enjoys: _____
Please check all that apply:

- Eats by mouth
- Independent with set-up
- Eats by G-tube
- Feeds self with prompts
- Uses special utensils/cup
- Requires supervision/physical assistance while eating

List any special equipment or positioning needed for feeding: _____
_____

Medication/Medical Information:
****If you have a medical plan of care for emergencies, please attach a copy. The same plan that you have for school or daycare provider is acceptable.**

Health Insurance Co. _____ ID# _____
Hospital Preference: _____

Please indicate your child's height _____ and weight _____

Please list medications that are taken on a regular basis.

	Medication	When Taken	How administered
1.			
2.			
3.			
4.			
5.			
6.			

Allergies to medications:

	Allergy	Severity of Reaction	Action Steps
1.			
2.			
3.			
4.			
5.			

Environmental Allergies: _____

Please list any medical or special precautions for managing the following concerns and check any that apply and explain:

- Seizures _____
- G-Tube_____

- Trach _____
- Positioning_____
- Respiratory _____

Toilet/Hygiene Needs: Check all that apply

- Uses toilet independently
- Uses toilet with supervision
- Needs transfer assistance. Explain _____
- Follows schedule. Explain _____
- Wears diapers/pull ups. Explain changing instructions _____

_____

List signs or gestures that may indicate their need to be changed or go to the bathroom:

_____

Behavior Management:

Behavior Concerns:
Please share any behaviors we should be aware of (i.e. aggressive behavior, tantrums, wandering):

_____
_____
_____

Behavior Modification Plan:
Please explain in detail the behavior management plan being used at home and school to modify inappropriate behavior that may be exhibited. Our goal is to maintain consistency in the implementation of this plan:

_____
_____
_____

Activities my child likes: (music, stories, coloring, physical games, independent play, group activities, reading, being read to, etc.) _____

_____
_____

My child becomes upset or angry when: _____
_____

My child needs encouragement to: _____
_____

My child does not enjoy: _____
_____
My child is able to be calmed by: _____
_____

Other things I'd like you to know about my child _____
_____
_____
_____
_____

Please share with us any information about your other children attending Masterpiece R&R (i.e. what activities do they enjoy participating in) _____

_____

_____

_____

_____

Please update this plan of care yearly or if any significant changes occur in your child's (children's) status.

****We share data with the Nebraska Lifespan Respite Network. This information is limited to information about how many families participate and the age/gender of the children in attendance. We will not release any personal information about your child or family.***

_____ _____

Parent or Legal Guardian Date

_____

Signature of Parent/Legal Guardian

Mail application to:
First Free Church
3280 S. 84th St.
Lincoln, NE 68506
Attn: Danelle Mills
Or email to dmills@firstfreelincoln.org
661-755-3911

Declaration of Consent

Please indicate your consent by signing below.

Emergency Medical Treatment Consent

I, _____, parent/guardian of _____

_____

List all children's names here

give permission to the medical personnel selected by First Free Church to order hospitalization, treatment, anesthesia, and surgery if necessary in case of an emergency when parents cannot be reached.

Photograph Release Consent

I,_____, parent/guardian of_____

_____

List all children's names here

give First Free Church permission to use my child's name and/or picture in presentations, media releases, newsletters and marketing materials solely for the purpose of promoting the Masterpiece special needs ministry at First Free Church.

Waiver of Liability Consent

I,_____, parent/guardian of_____

_____

List all children's names here

agree to release First Free Church and all staff and volunteers from all liability for any additional illness or injury to my child, and for any accidental damage or destruction of my child's property during the provision of respite care services.

_____ _____ _____

Parent/Guardian Signature **Date** **Witness Signature (must be 18 or older)**

If you have any questions, please contact Danelle Mills, Masterpiece Ministry Director, 661-755-3911.
dmills@firstfreelincoln.org