

**Inter Tribal Council of Arizona, Inc.
Area Agency on Aging, Region 8 (ITCA-AAA)
Title III - Respite Care Plan Form (RSP)
Form A - Respite Intake**

For use by the Pascua Yaqui Liogue Senior Center only

Name of Caregiver:

Caregiver DAARS ID #: _____
Caregiver's Physical Address: _____
City, State, Zip Code: _____
Phone number: _____

Name of Care Recipient:

Care Recipient DAARS ID#: _____
Address (if different than Caregiver's): _____
City, State, Zip Code: _____
Phone number: _____

Any allergies, personal care routine, etc: _____

Respite worker gender preference: Circle one, *if a preference exists* : M F

Please mark an 'X' where respite work will take place: *

_____ Care Recipient's Home
_____ Caregiver's Home
_____ Pascua Yaqui Liogue Senior Center

**NOTE - The three locations listed are the only approved respite sites.*

Name of Emergency Contact #1:

Relationship: _____
Phone number of Emergency Contact: _____

Name of Emergency Contact #2:

Relationship: _____
Phone number of Emergency Contact: _____

I understand that medications are not to be administered by the respite worker.

Caregiver Initials

Care Recipient Initials

I understand that the respite worker is present to solely provide a break for the caregiver. Therefore, the respite worker is not expected to perform any additional domestic tasks such as housekeeping, financial management, or providing transportation.

Caregiver Initials

Care Recipient Initials

Any additional information has been explained to the respite worker by the caregiver, i.e., allergy to foods, personal routines, etc.

Caregiver Initials

Care Recipient Initials

MESSAGE TO CAREGIVER:

I understand that I can only bill for respite services actually given to my care recipient by a respite worker approved through the Pascua Yaqui Liogue Senior Center, and cannot provide respite services myself. All information on this form is correct and complete.

Caregiver Signature

Date

MESSAGE TO CARE RECIPIENT:

As a care recipient, I understand that my caregiver requested to receive respite services in order to have a break. I authorize for the Pascua Yaqui Liogue Senior Center to provide a respite worker for my caregiver to receive respite services.

Waiver and Release of Liability

In consideration for receiving respite care services, I knowingly and voluntarily release and hold harmless the Pascua Yaqui Tribe, The Pascua Yaqui Senior Center and the Inter Tribal Council of Arizona, Inc.- Area Agency on Aging, Region 8, and their successors, directors, officers, employees, and agents individually from any and all liability, loss, claims, demands, damage, cost, causes of action or possible causes of action ("claims") which arise or may hereafter arise from the respite care services provided to me, including bodily injury, personal injury, illness, death or property damage that may directly or indirectly arise from my participation in the respite care program, whether negligent or otherwise.

Caregiver Signature

Date

Welcome visit scheduled on (optional):

Date/Time

Name of Case Manager performing Intake:

Name