



Sharing Your
Journey
Because We
Care



Fairview Center
United Way

F.M.H.C.G. The Respite Care Program Is Open for Business

(740) 654-0477 or (740) 653-7337

Despite the setbacks that we have had with the fire to 1410 East Main Street, the Respite Care Program is ready to provide services. We do have a temporary space in the 225 South Ewing Street building.

What Is Respite Care?

Respite Care is essentially rest and relaxation for people who are in need of temporary attention due to an acute or a chronic mental health issue.

Our workers are individuals who have experienced a wide range of situations in their own lives, and have come through these stressful times even stronger and healthier than before. We feel there is a lot to be said for "having been there", when it comes to offering support in tough times.

A Respite Care stay is approximately three days of intensive attention to the needs of an individual consumer either in the home or at our site.

The consumer is identified and referred to the program by a professional caregivers including but not limited to: Physicians, Emergency Room Staff, Crisis Intervention, Counselors, Social Workers, Casemanagers, etc.

If we accept the referral we will then provide the Consumer with

- Active Listening
- Monitoring of Safety for Consumers
- Stress Management Skills for Consumers and Families
 - Referrals to Available Resources

The referral is made by contacting Patricia Waits, M.Ed. the Respite Care Program Coordinator at the numbers listed above.

Note: The Respite Care Team Workers are not able to handle individuals under the influence of alcohol and/or other drugs.

Fairfield Mental Health Consumer Group
Respite Care Program
Referral to Respite Care

Name of Consumer to Receive Service(s): _____

Age: _____

Individual/Agency/Institution Making Referral: _____

Who shall we contact if there is a problem with the referral or more information is needed? _____ Phone #: _____

What Mental Health Services is this individual currently receiving or has she/he received most recently?

____ Med./Somatic

____ CSP

____ E.S./Crisis Intervention

____ Hospitalization

____ Other Respite Care

____ Outpatient Counseling

(If any are checked-please let us know who the caregivers are and have consumer sign appropriate releases so that we can communicate as necessary.)

When are the next appointments with professionals scheduled for this individual and is transportation arranged? _____

Tell us about the consumer's living situation:

____ Own Home-lives with others

____ Own Home-lives by self

____ Family Home (Names and relationships with others in the home):

____ Group Home (Operator's Name and any others' in the home which would be considered significant to the Consumer's current stress level?)

____ Homeless- in shelter (If so, which shelter? Name of Contact Person) _____

____ Homeless-refused by shelters

Are there stressors in the living situation that need to be addressed in Respite Care? If so, what are they?

What family, social, self-help, support is there for this consumer when released from Respite?

Does this individual have medications that will be brought with them to Respite?

If so, please list a complete list of any medications that this consumer is supposed to take and number of times he or she is to take them. (Note) Respite Team Members are not trained medical staff and are not qualified to dispense medications. We can, however, remind the consumer to take his or her medications if we are given a complete list.

Medication	Amount and When to Be Taken	Reason To Be Taken	Date and Time Last Taken	Prescribed By What Doctor

Note: Respite Care Staff are trained to contact emergency medical providers- SQUADS, EMTS, ETC. BUT **PLEASE LET US KNOW IF THERE ARE ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF:** I.E. Heart Conditions, Allergies, etc. Note-Individuals with Acute and Chronic Medical Conditions are not necessarily appropriate referrals to this Respite Care Program; if there is any question of a need for medical monitoring we cannot provide this service.

What Activities does this Consumer Currently Engage in for Relaxation and Recreation? What kinds of things seem to interest him or her most? We will, of course, be double checking this with the consumer at the time of admission, and throughout his or her stay in Respite. If this consumer is more comfortable with one or two individuals please tell us, if she or he seems to like group or social situations, please tell us this also.

Person(s) Who Completed This Form:

Date: _____