



EXTRA SPECIAL SATURDAY RESPITE APPLICATION

MAIL COMPLETED APPLICATION:
FOCUS ~ 3825 Presidential Pkwy., Suite 103, Atlanta, GA 30340

Child's Name: _____ Gender: _____

Parent/Guardian's Name: _____ Email: _____

Address: _____

City: _____ Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Phone Numbers: _____

Person authorized to pick up child at respite: _____

Specific Medical Diagnosis or Condition: _____

Child's Date of birth _____ Name of School _____

GENERAL INFORMATION

Does your child walk independently? Yes No If no, please list equipment: _____
(AFO's, WALKER, CRUTCHES, WHEELCHAIR, STROLLER, ETC.)

Is your child verbal? Yes No If no, please indicate the best method of communication: _____

Tends to wander or leave group Yes No Has self-injurious tendencies Yes No

Has aggressive tendencies Yes No Required physical restraint for safety Yes No

Puts things in mouth Yes No

If yes to any of the above please explain: _____

TOILETING NEEDS

Totally independent Yes No Needs assistance Yes No
(WITH REMINDERS, CLOTHES, HYGIENE, ETC.)

Total assist Yes No Needs Catheterization Yes No
(NEEDS TO BE CHANGED)

FEEDING NEEDS

Totally independent Yes No Needs assistance Yes No
(CONTAINERS, REMINDERS, ETC.)

Total assist Yes No G-Tube Feed Bolus Pump
(NEEDS TO BE FED) (PLEASE ENCLOSE SPECIAL FEEDING INSTRUCTIONS)

Does your child choke easily? Yes No If yes, please explain: _____

Does your child over stuff while eating Yes No Can child sit in chair at table safely? Yes No

ACTIVITIES

Enjoys simple arts and crafts Yes No Enjoys music and stories Yes No

Moves easily to new activities Yes No Enjoys outdoor play Yes No

OTHER INFORMATION

Follow simple verbal directions Yes No _____

Engage for several minutes at a time Yes No _____

Consistently respond to words of caution Yes No _____

Tolerate transitions between activities Yes No _____

Have any particular fears (loud noises, etc.) Yes No _____

If upset, please describe how to calm your child. (rocking, singing, etc.) _____

Please list any other information necessary for your child's safety. (falls frequently, no weight bearing, etc) _____
