



EFM(P) RESPITE CARE FAMILY CHECKLIST

ID#: _____

Service Member (Sponsor)'s Name: _____

*Parent Information

- Enrollment Eligibility Referral
- Parent Application (signed)
- Self-certification Statement
- Getting to Know My Child Form (One for each EFM)

*Parent Acknowledgement/Policies

- Parent Acknowledgement
- Emergency Contact and Release Information
- Consent for Emergency Medical Treatment (One for each child)
- Authorization for Medication Administration (signed)(One for each child requiring medication)
- Medication Statement (signed)(One per family for children not being administered medication)

Important Correspondence/Logs

- Daily Report forms (agency should keep a copy if significant event occurs, all copies should be kept in a notebook at the family's home)
- Medication Administration Log, if applicable

Monitoring

- Parent Follow-Up (*A parent follow-up phone-call/email is required after each new family/provider match has been made and care has occurred*)
- Monitoring Log
- Site Visit Evaluation Forms

****These forms must be completed and signed before the provision of care.***