

# Application for First United Methodist Church of Lawrenceville Respite Program

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Age of Applicant: \_\_\_\_\_

Gender of Applicant: Female \_\_\_\_\_ Male \_\_\_\_\_

## Contact Information:

Parents / Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does the applicant attend church regularly? \_\_\_\_\_

If yes, what church? \_\_\_\_\_

If no, is the applicant interested in being connected to a church? \_\_\_\_\_

## Disability (ies):

### What is the nature of the disability?

\_\_\_ Deaf or hearing impaired

\_\_\_ Down Syndrome

\_\_\_ Stroke

\_\_\_ Physical Disability (list type below)

\_\_\_ Traumatic Head Injury

\_\_\_ Autism

\_\_\_ Mental Illness

\_\_\_ Visual Impairment

\_\_\_ Cerebral Palsy

\_\_\_ Cognitively Impaired

\_\_\_ Learning Disability

\_\_\_ ADD or ADHD

## Behavior Disorder (list details below)

Other: \_\_\_\_\_

Behavior Disorder (list details below) cont.

**Details:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**( Please include all information possible even if additional attachments are needed)**

Does the applicant have seizures? \_\_\_\_\_

Is there a non-parental caregiver who will be accompanying the applicant during the respite program?  
\_\_\_\_\_ If yes, please, give name of caregiver. \_\_\_\_\_

**Medications / Dosages:**

\_\_\_\_\_  
\_\_\_\_\_

**Allergies:**

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant have behaviors issues due to his/her disability? \_\_\_\_\_  
If so, please, give details. Details should include triggers to the behavior issues?

\_\_\_\_\_  
\_\_\_\_\_

Is the applicant aggressive? \_\_\_\_\_  
Give examples of types of aggressive behavior like hitting, biting, throwing items, run away....

\_\_\_\_\_  
\_\_\_\_\_

What comforts the applicant when there is an issue? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant take care of his /her toileting needs or is assistance required? \_\_\_\_\_  
Please provide details of toileting needs. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the applicant feed him / herself? \_\_\_\_\_

Does the applicant use any of the following items? (Check applicable items.)

\_\_\_\_ Cane      \_\_\_\_\_ wheelchair      \_\_\_\_\_ walker      \_\_\_\_\_ any prosthetic devices

Is the applicant's speech understandable? \_\_\_\_\_

Does applicant communicate basic needs such as requesting a beverage or the need to go to the restroom? \_\_\_\_\_

**Additional Needs:**

**Does the applicant need:**

Assistance with weekly shopping? \_\_\_\_\_

Transportation for appointments? \_\_\_\_\_

Sign language interpretation? \_\_\_\_\_

Braille Bible Study materials? \_\_\_\_\_

Amplifications equipment? \_\_\_\_\_

Counseling? \_\_\_\_\_

Respite Care? \_\_\_\_\_

Support Group? \_\_\_\_\_

Large Print Bible? \_\_\_\_\_

Is the applicant on a Georgia State Funded Medicaid Waiver Program? \_\_\_\_\_ If so, which one? \_\_\_\_\_

If so, what all care / services provided? \_\_\_\_\_

**Additional Applicant information:**

Favorite color? \_\_\_\_\_

Favorite Food? \_\_\_\_\_

Favorite Toy? \_\_\_\_\_

Who has permission to drop off or pick up the applicant from the respite program?

\_\_\_\_\_

**Additional Information:**

**This application is required for first time applicants and is to be updated annually.**

The First United Methodist Church of Lawrenceville Special Needs Respite program does require a \$15 fee to be paid in order to request a slot for the respite program. A \$15 fee is required for each respite event. If the slots are filled, the applicant will be placed on a waiting list. If the applicant is not able to attend because all of the slots are filled then the \$15 fee will be returned. If the applicant is slotted for the respite event and does not attend the event and does not give a 5 business day notice, then the fee is non-refundable. At this time all supplies would have been purchased. The fee is to also pay for a Certified Nursing Assistant to be at the event.

Applications are due by 2 weeks before the Respite event.

**Mail check payable to:**

**First United Methodist Church of Lawrenceville**

**Mail payment to:**

**Lynn Robinette**

**1971 Sumter Court**

**Lawrenceville, GA 30044**

**Memo on check: Respite – Date of Respite**

# Expectation Document

## **Mission:**

Assist in fulfilling some of the needs of the disabled community in Gwinnett County.

## **Objectives:**

- Provide a respite program for disabled individuals in a Christian environment.
- Unite people together who can be a blessing to each other.
- Educate the public on disabilities of all kinds.
- Build friendship between our volunteers and participants

## **Expectations of Leadership Team / Church:**

- The fee is to pay for supplies and CNA
- The participation fee is refundable if the participant has to cancel for the event and the event is more than 14 days away. Within 14 days of the event the participation fee is non-refundable if there is not one to fill the slot. At this point supplies would have already been purchased.
- Snack provided by the Program
- Water and Ice will be provided
- Training is required for the volunteers
- Respite Leadership team will provide training
- CD of pictures to be provided to each participant for each event
- Structured program
- Certified Nursing Assistant or Nurse at the respite program
- Initially there will be 25 slots.
- A waiting list will be created once the 25 slots have been filled.

## **Expectations of the Participants:**

- A \$15 fee is required to participate which is due at the time of signing up for each event.
- Completed application is required before an individual will be considered for the program.
- Guardian provide additional information if needed.
- Guardian's responsibility to make sure that the Leadership Team has current contact information during the event in case of an emergency.
- 10am drop off time
- 3pm pick up time
- Participant cannot be sick the day of the event.
- First Respite event, the participants are to bring their favorite toy.

**Expectations of the Volunteers:**

- Appropriate attire – Casual clothing will be needed
- Arrive by 9am the day of the event to assist in setting of the room for the event.
- Be prepared to stay about an hour after everyone leaves to assist with clean up and a wrap up session to discuss how the day went, lessons learned, what can we do better for the next event and start the beginning stages of planning for the next event.
- Participate in training others

**Volunteers, Families, Church, Leadership Team and Participants:**

- 1 volunteer per participant ratio for low functioning participants
- Volunteers and participants are to bring their own lunch
- Assist in providing ideas for Respite events
- Respect all parties at all times
- Smile and have Fun!!!!