



Whole Life Services, Inc.

RESPIRE SERVICE REQUEST FORM & LOG

(NOTE: All respites must be at least 16 hours per day in length)

Individual needing Respite Care: _____ Date of Request: _____

WLS Staff Requested/Assigned: _____ Total number of Days: _____

Service From: _____, _____ Time _____ Until: _____, _____ Time _____
Day and Date Day and Date

Respite Location: _____ Amount of money being sent: \$ _____

Travel Arrangements: _____

MEDICATION INFORMATION (must be clearly marked and identified):

MEDICATION NAME	DOSAGE	ROUTE	TIME	TIME	TIME	TIME	TAKEN WITH A SPECIFIC FOOD OR DRINK?

Which medication(s) must be split or crushed? _____

If special food or drink is needed to take with a medication, is this item provided? _____

How will medication be packaged? _____

Allergies: _____

Special/Additional Instructions or Info: _____

What to bring:

- Weather appropriate clothing (enough for length of stay)
- Personal hygiene items (deodorant, feminine products, etc...)
- Comfort item (Example: special blanked, stuffed animal, pillow, etc...)

- Extra clothing (if incontinence is an issue)
- Pajamas or sleeping attire
- Toothbrush and Toothpaste
- Soap or Body wash
- Brush or comb

Individual/Parent/Guardian Signature: _____ Date: _____

_____ - Approved, WLS Supervisor Signature: _____ Date: _____

OFFICE USE ONLY

_____ - Employee Respite Log(s) completed and turned in.	Total number of Days: _____
Actual Dates and Times of Respite Service Provided: _____ to _____ Day/Date/and Time Day/Date/and Time	
WLS Supervisor Signature: _____	Date: _____