

**Contractor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>Care Recipient's Last Name:</b>	<b>First:</b>	<b>MI:</b>	<b>DOB:</b>	<b>Telephone:</b>
<b>Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>

<b>Caregiver's Last Name:</b>	<b>First:</b>	<b>MI:</b>	<b>Home Telephone:</b>	<b>Work Telephone:</b>
<b>Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip:</b>

**Emergency Contact Information (If different from Caregiver)**

<b>Name:</b>	<b>Home Telephone:</b>	<b>Work Telephone:</b>
<b>Relationship to client:</b>	<b>Cell Phone:</b>	

**SARCOA Approved Service:** Unskilled Respite Care

Worker present for Assessment/Introduction? Yes No

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
**Care Recipient/Caregiver Signature**      **Date**

\_\_\_\_\_  
**Nurse/Supervisor Signature**      **Date**

It is the responsibility of the contractor/worker in the home to verify that the care recipient has a Credit Balance Sheet in the home and that there is a remaining balance that will cover the worker's time. The objective of the Alabama Cares Program is to provide temporary care for clients who live at home and are cared for by their families or other informal support systems. This service shall provide temporary, short term relief for the primary caregiver, and continue the supervision and supportive care necessary to maintain the health and safety of the care recipient.

**An Admission-Introduction visit must take place within 3 days of Contractor notification of request for services. Submit a copy of Admission and Nurse/Respite Care Supervisor Assessment to SARCOA within 10 days of admission.**