



4290 Hartland Center
Collins, OH 44826
Phone: 419-577-0225
Email: uhwministry@gmail.com
Website: www.underhiswingsrespite.com

Programs for families of individuals with special needs

FAMILY PACKET

Dear Parent/Primary Caregiver:

Thank you for your interest in our Parent's Night Out non-medical respite event. This event is hosted by the Under His Wings Respite.

Held at Collins United Methodist in the Fellowship Hall located at:

4290 Hartland Center Rd Collins, OH 44826.

Check in time is 4:00 at all respites. Pick-up time is between 8:00 & 8:15 p.m.

Please fill out the application forms and the consent form and please return them to:

**Under His Wings Respite
4290 Hartland Center Road
Collins, Ohio 44726
Or email to
uhwministry@gmail.com**

We are a NUT FREE FACILITY, no nuts of any kind allowed!

After your application is received, the program coordinator will contact you to complete a phone assessment so that we may gain a better understanding of the individual's specific needs. In the mean time please do not hesitate to call **Barb Sura @ 419-577-0225** if you have any questions regarding the Under His Wings Respite program.

God Bless!



Under His wings you will find refuge. -



Psalm 91:4

Guidelines for the Respite:

Trial Period:

Individuals will be accepted on a trial basis to the Parent's Night Out respite program in order to determine if we can adequately meet the need of the individual. Parent's Night Out reserves the right to dismiss them at any time if we are unable to safely meet their needs.

Ratio:

No less than 1 volunteer for every 1 individual with a disability will be present and

No less than 1 volunteer for every 3 siblings will be present.

Application and Phone Assessment:

Every family must complete all application forms and participate in a phone assessment. The phone assessment will provide additional information regarding the specific needs of each individual.

Toileting:

Two volunteers will always be present when accompanying an individual to the restroom or changing area.

Medications:

Medications will not be given to program participants by any representatives of the Parent's Night Out program.

Medical Volunteer:

There will be at least one trained medical person available at each Respite Day program to deliver basic first aid. (911 will be called in an emergency situation at the discretion of the medical personnel.)

Individual Responsibility:

The individual's safety is important to us- that's why we have a child protection policy. Even still we don't know everything. Please use your own best judgement in developing relationships outside this respite event.

Caregivers Guidelines for the Respite:

Meals:

- Pizza, ice cream, and lemonade will be provided for everyone who comes to the respite & whose diet allows them to eat, or they can bring their own sack supper (please NO NUTS or foods that require heating).

Items to Provide:

- Caregivers are expected to provide any special equipment necessary (i.e. special drinking cups, chair, communication device, etc...) for the individual to function in the Parent's Night Out program.
- Caregivers are required to provide extra diapers and wipes for any individual that has bladder/bowel accidents.
- Caregivers are required to provide an extra set of clean clothes.

Reservations:

- Parent's Night Out has limited availability and is on a first come basis. You must make reservations for each program. (Please see the list of respite nights and reservation dates.) All forms must be completed and received by Under His Wings before a family can make reservations for any future Parent's Night Out activities. Once an application is completed and accepted, reservations may be made by phone or through our website.
**Please notify us if there are medical or other changes with the individual with special needs.
- Cancellation— if you need to cancel your reservation, please call as far in advance as possible in order to provide services for an individual on the waiting list.
- If a family fails to cancel a reservation 2 times without showing up or calling, Parent's Night Out reserves the right to dismiss the family from the respite program.

Drop Off:

- Check-in and registrations begin at 3:45 pm the night of the respite.
- Caregivers must accompany the individual to the Parent's Night Out respite services and sign them in.
- Caregivers must provide an emergency number (cell phone or pager) where they can be contacted on the day/night of respite services.

Pick Up:

Individuals must be picked up by 8:00 pm for all respite nights.

Caregiver Checklist

Items to bring for Parent's Night Out Respite Program:

****Please label everything with the individual's name****

_____ **Extra diapers and wipes for any individual with bladder/bowel accidents.**

_____ **A change of clothes in case of emergencies.**

_____ **Any special feeding utensils including cups, spoons, etc.**

_____ **A packed meal and snack if needed.**

_____ **Optional: a special toy, blanket, or object that calms the individual .
We will have CD players and a TV with a VCR available. The individual can bring music or games to play but we are not responsible for lost, stolen or broken items; all items must be E (Everyone) rated.**

Family Registration Form

One form per family

Family's Last Name:				
1. Child's first name		Sex: M F	Birthdate:	Special Needs: Y or N
2. Child's first name		Sex: M F	Birthdate:	Special Needs: Y or N
3. Child's first name		Sex: M F	Birthdate:	Special Needs: Y or N
4. Child's first name		Sex: M F	Birthdate:	Special Needs: Y or N
5. Child's first name		Sex: M F	Birthdate:	Special Needs: Y or N

Mother's Name:		Father's Name:	
Address:		City/State:	Zip Code:
Home Phone:		Mom Cell:	Dad Cell:
Email Address:			

Emergency Contact		Home #		Cell #	
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What is the primary diagnosis of the child with special needs?

Is the child taking any medications? (please list dosage and reason for medication):

Is there a history of seizures? Y or N (circle one)

Does the individual have any allergies (food, seasonal, animal)?

Is there any other information you would like us to know?

Aside from parents, please list other person(s) authorized to pick up your child(ren). Must be at least 18 years old.

1. _____

2. _____

Once this application is received the family coordinator will be calling to review more specific needs of your child(ren).

PHOTO RELEASE: I give Parent's Night Out permission to use pictures of the individual in its publications, newsletters, and on its website

Parent Signature

Date

Medication Information

Parent Request and Authorization to Administer a Prescribed Medication/Drug or Treatment

To the Parent:

The following information is necessary for any person to be given emergency medications. Any medication brought to any of our programs must be in its **original** container and be properly labeled.

Child's Information

Name	Date of Birth
Allergies:	

Prescriber Authorization

Medication:	Dosage:
Circumstances for Use:	
Special Instructions:	
Prescriber's Name (Please print):	Date:
Prescriber Signature:	Phone #:

Parent/Guardian Authorization

<div style="border: 1px solid black; width: 40px; height: 20px; margin-bottom: 5px;"></div> <p>Parent Initials</p>	I authorize a trained volunteer of Under His Wings Ministry to administer the medication
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<input data-bbox="219 205 311 256" type="text"/> Parent Initials	I understand the person will be transported to the nearest hospital if epi pen is administered	
Parent Signature	Date	
Contact Number During Program:	Contact Number #2:	