



Short-Term Respite

ASK...for Home Care
& HOMESHARE, INC.

ASK...for Home Care and its affiliate, *Homeshare, Inc.* have created a Respite Program for family caregivers, while providing socialization for seniors. The Homesteads at Cushing and Owls Head provide a pleasant, home-like setting with snacks and meals throughout the day. *ASK...for Home Care* provides supervision and personal care. Nursing services are also available to pre-pour medications, assess medical problems, perform foot care or handle emergencies.

Fee Schedule

Day Respite by the Hour

Homeshare, Inc......\$4⁰⁰ per hour
ASK\$8⁰⁰ per hour

Total \$12⁰⁰ per hour

Overnight Respite by the Hour

Homeshare, Inc......\$3⁰⁰ per hour
ASK\$7⁰⁰ per hour

Total \$10⁰⁰ per hour

Respite by the Day (Total anticipated respite days must be paid in advance)\$24⁰⁰ per day

Since most families seeking respite are already overwhelmed, we have kept the paperwork as minimal as possible. Please follow this self-explanatory form and return to the ASK...for Home Care Office at 641 St. George Road, South Thomaston, Maine or mail to:

ASK...for Home Care
P.O. Box 389
South Thomaston, ME 04858

When you are ready to schedule a visit, at least 24 hours before you would like care to begin, please contact Katrina Coakley, Administrator, at (207) 354-7077 or send an email to katrina@askforhomecare.com.

Bill to: _____

Signature of Responsible Party

Date

Client number: _____

Copy to Administrator:



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Visitor Name: _____ Birthdate: _____

Family Caregiver Name: _____ Relationship (Please provide POA): _____

Address: _____

Phone: _____ Caregiver Phone: _____

▶ PLEASE NOTIFY STAFF IF THIS NUMBER CHANGES

Does Visitor have Advance Directives? Yes No Copy attached? Yes No

What kind? _____ Where located? _____

▶ PLEASE PROVIDE A COPY OF ADVANCE DIRECTIVES IF WE ARE TO FOLLOW THEM.

Special Instructions in Case of Emergency: _____

Physician: _____ Phone: _____

Medical Diagnoses: _____

Medications: _____

▶ IF VISITOR NEEDS TO BE REMINDED TO TAKE MEDICATIONS, THEY MUST BE PRE-POURED AND LABELED REGARDING TIME TO BE TAKEN AND SPECIAL INSTRUCTIONS. CLIENTS MAY TAKE THEIR OWN MEDICATIONS, IF ABLE, BUT WE TAKE NO RESPONSIBILITY FOR THEM. IF MEDICATIONS NEED TO BE PRE-POURED BY A REGISTERED NURSE, THE CLIENT MUST BE OPENED TO ASK...FOR HOME CARE'S SKILLED SERVICES AND PAY FOR A NURSING VISIT. WE WILL NEED ENOUGH TIME TO CONTACT THE PHYSICIAN TO OBTAIN ORDERS.

Is Visitor receiving services from other nursing agencies? Yes No

Please list: _____



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▶ **PLEASE BRING ANY ASSISTIVE DEVICES WITH VISITOR.**

Assistive devices: Walker Cane Wheelchair Other _____

Other medical concerns/hospital preference: _____

Special diet: _____

Does Visitor require assistance with feeding? Yes No

Allergies/food likes and dislikes: _____

Does Visitor require assistance with ambulation? Yes No

If yes, what kind of assistance?: _____

Favorite interests and activities: _____

Phobias (eg: fear of heights, loud noises): _____

Special needs or considerations: _____

Outside activities: Supervised Alone May leave with: _____

Does Visitor need assistance with personal care? Yes No Be specific: _____

Sponge bath/shower: Yes No Dressing: Yes No Incontinency Supplies: Yes No

Teeth brushing: Yes No Shaving: Yes No Provided by (check one):

Toileting: Yes No Hair (extra charge): Yes No Visitor Homestead (extra fee)