



# 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.

### Fee Schedule

#### Day Respite by the Hour

Homeshare, Inc** .....	\$8 per hour
ASK * .....	\$12 per hour
<b>Total \$20 per hour</b>	

\*\* Includes meals & snacks

\*Includes supervision, toileting & activities

#### Overnight Respite by the Day

Homeshare, Inc** .....	\$ 100 per day
ASK * .....	\$ 200 per day
<b>Total \$300 per day</b>	

\*\* Includes room & board, and

laundry \*Includes showers

#### Additional services:

Showers (provided by aides) .....	\$50 each
Foot Care (provided by RN).....	\$80 each

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, please contact Dee at (207) 354-7077 or send an email to dee@askforhomecare.com. Scheduling happens during business hours, which are Monday through Thursday, 8am to 4pm. There is no guarantee of availability for overnights. Please inquire in advance of making plans.

Bill to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

Client number: \_\_\_\_\_

Copy to Administrator:



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

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:

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Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Diagnoses: \_\_\_\_\_

Medications: \_\_\_\_\_

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**▶ 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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## ASK...for Home Care & HOMESHARE, INC.

**▶ 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)