



In-Home Respite/Homemaker Services Frequently Asked Questions

What are In-Home Respite Care Services? In-home respite care services are supportive services designed to provide periods of relief to the primary caregiver who is operating under extremely stressful circumstances. The central aim of respite is to provide overwhelmed caregivers with a period of primary caregiver/parent roles. (Service period cannot exceed 40 hours per month.)

Who is eligible for In-Home Respite Services? In-home respite care services are available to foster, adoptive, biological, and other primary care givers involved with CFSA, who may be overburdened in their parenting or care giving role due to the responsibility of caring for special needs children, quantity and age of children being cared for, or other circumstances causing unusual stress in care giving.

What Tasks Are Performed by The Respite Care Provider?

- Supervision & supportive care to foster care clients
- Support provided to individual and family in the foster home
- Available 24 hours a day for hourly, daily, overnight weekends and/or holiday services
- Initial home visit conducted for assessment of services and staffing needs.

What are Homemaker Services? Homemaker services are supportive services provided in the homes of clients or in alternate living arrangements to reduce or eliminate neglect or abuse of children so they could remain in their own homes and avoid unnecessary or inappropriate institutionalization. (Service Period cannot exceed 90 days.)

Who is eligible for Homemaker Services? Homemaker services are available to biological and kinship caregivers involved with CFSA who may need supportive or teaching services to enhance or maintain the integrity of the home.

What Tasks Are Performed by Homemaker Services?

- Joint Visit Meeting (Develop a plan with client to determine a schedule)
- Heavy-Duty Cleaning (Cleaning living quarters, bathrooms, floors)
- Additional Heavy-Duty Services (Extermination, Carpet Cleaning)
- Homemaker Aide assists with organization of personal items.

How do I Apply for In-Home Respite & Homemaker Services?

- Complete the In-Home Respite Referral Packet and send to:

Julian Smith
julian.smith@dc.gov

Fax to: Julian Smith (202) 727-6505 or
Deliver to:

Child & Family Services
400 6th St. SW Office #5082
Washington, DC 20024

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



400 Sixth Street, SW ♦ Washington, DC 20024

**HOMEMAKER SERVICES/IN-HOME RESPITE
REFERRAL FORM**

Date of Request: _____

Caretaker's Information:

☐ **Foster Parent**

☐ **Adoptive Parent**

☐ **Biological Parent**

☐ **Other:** _____

FACES Client ID#: _____

Name: _____

Address: _____

Telephone Number: _____

SERVICE NEEDED: (PLEASE CIRCLE ONE)

☐ **HOMEMAKER SERVICES**

☐ **IN-HOME RESPITE SERVICES**

**REASON FOR RESPITE REQUEST (Include conditions related to the parent(s),
child(ren), and social/home environment, which supports this respite request)**

HOUSEHOLD COMPOSITION

| Name | DOB | Relationship | School | Employed |
|------|-----|--------------|--------|----------|
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CHILD(REN) IS HOME DURING PERIOD OF RESPITE

| Name | Medical Condition/Special Needs | Medication |
|------|---------------------------------|------------|
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| | | |
| | | |
| | | |
| | | |

Please attached supportive documentation for each child regarding the condition or special need(s) reflected above.

ASSESSMENT OF CHILD(REN) LEVEL OF FUNCTIONING

_____ ☐ Severely Limited ☐ Limited ☐ Moderate ☐ Good

_____ ☐ Severely Limited ☐ Limited ☐ Moderate ☐ Good

_____ ☐ Severely Limited ☐ Limited ☐ Moderate ☐ Good

_____ ☐ Severely Limited ☐ Limited ☐ Moderate ☐ Good

_____ ☐ Severely Limited ☐ Limited ☐ Moderate ☐ Good

LEVEL OF RESPITE CARE REQUESTED

☐ Level I - Emergency (please also indicate Level III or IV)

☐ Level II – Paraprofessional ☐ Level III - LPN ☐ Level IV – RN

TYPE OF SERVICES NEEDED IN THE HOME (Check all that apply)

☐ Daily/Routine Care only

☐ Minor Medical/Nursing Procedures

☐ Complex Medically/Nursing Procedures

☐ Daily Care Attention To Specific Handicapping Condition/Disability

HOMEMAKER SERVICES: (HOMEMAKER REFERRALS ONLY)

TYPE OF HOMEMAKER SERVICES NEEDED:

- ☐ Support
- ☐ Teaching
- ☐ Heavy Duty Cleaning
- ☐ Emergency

TASKS TO BE COMPLETED:

HOUSEKEEPING:

- Wipe kitchen counters/stove ☐
- Mop floors ☐
- Vacuum rugs ☐
- Sweep Floors ☐
- Clean bathroom fixtures ☐
- Wash laundry ☐

MEAL PREPARATION:

- Cook ☐
- Plan meals ☐
- Grocery Shop ☐
- Assist with developing budget ☐

PERSONAL CARE:

- Assist with bath ☐
- Assist with dressing ☐
- Assist with grooming ☐
- Assist with feeding ☐
- Accompany client to appointments ☐

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Social Worker (Print): _____

Social Worker Signature: _____

Social Worker E-mail: _____

Telephone: _____ **Date:** _____

Supervisor Signature: _____

Telephone: _____ **Date:** _____