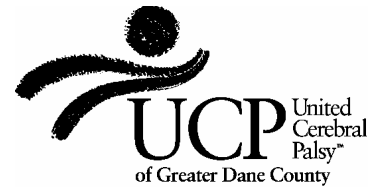


Respite Provider Profile



Instructions:

There are 3 ways to complete this form and return it to UCP:

1. Click the "Print" button to print a copy of the form, fill it in by hand, and mail it to: United Cerebral Palsy, Attn: Andrea Henshue, 2801 Coho St., Suite 300, Madison, WI 53713
2. Fill in the form on your computer. You can fill in all the blanks and checkboxes. Then click the "Print" button and mail the form to UCP.
3. Fill in the form on your computer. Then click the "Save" button and save the completed PDF to your computer. Then email the PDF to ahenshue@ucpdane.org.

Provider Name:

Date:

This profile will assist UCP in working with families to select appropriate providers for their family member with a disability. The more flexible you are as a provider, the greater success we will have in providing matches.

1. Availability: Please indicate the hours you are interested in working by inserting the hours/times you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Overnight							

2. UCP provides respite services throughout Dane County. Please check the communities you are willing to provide services in:

- | | | | |
|---|-------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> All of Dane County | <input type="checkbox"/> Deforest | <input type="checkbox"/> McFarland | <input type="checkbox"/> Stoughton |
| <input type="checkbox"/> Black Earth | <input type="checkbox"/> Evansville | <input type="checkbox"/> Middleton | <input type="checkbox"/> Sun Prairie |
| <input type="checkbox"/> Brooklyn | <input type="checkbox"/> Madison | <input type="checkbox"/> Monona | <input type="checkbox"/> Verona |
| <input type="checkbox"/> Cottage Grove | <input type="checkbox"/> Marshall | <input type="checkbox"/> Mount Horeb | <input type="checkbox"/> Waunakee |
| <input type="checkbox"/> Cross Plains | <input type="checkbox"/> Mazomanie | <input type="checkbox"/> Oregon | |

3. How far, in terms of miles, are you willing to travel:

4. Please check the environment you would like to provide care in : (You may select more than one.)

- In Family's Home
- In Your Home
- In the Community (social events, clubs, restaraunts, etc.)

5. Do you have any allergies that might prevent you from working in some environments?

- YES No

Comments:

6. Do you have experience providing personal care? (eating, assistance in the bathroom, dressing, etc.)

- Yes, and I am comfortable doing this.
- Yes, but I prefer not to.
- No, I don't have experience but with training I think I would be comfortable.
- No, and I prefer not to provide this type of support.

7. Do you have experience supporting challenging behaviors? (yelling, defiance, aggression, running, etc.)

- Yes, and I am comfortable doing this.
- Yes, but I prefer not to.
- No, I don't have experience but with training I think I would be comfortable.
- No, and I prefer not to provide this type of support.

8. I am interested in working with individuals of the following ages: (Please check all that apply.)

- Early Childhood (0-4)
- School Aged Children (5-12)
- Teenagers (13-18)
- Young Adults (19-25)
- Adults 26+

9. I am interested in working with individuals who are:

- Male
- Female
- No preference

10. I am interested in working with the following diagnosis: (Please check all that apply.)

- | | | |
|---|---|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Deaf/Hard of Hearing | <input type="checkbox"/> General Cognitive Delays |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Physical Disability |
| <input type="checkbox"/> Down syndrome | <input type="checkbox"/> Epilepsy/ Seizures | <input type="checkbox"/> Visual Impairment |

11. I would be comfortable working with children or adults who use a wheelchair or other assistive equipment to help with mobility.

- Yes
- No

Amount you are able to safely lift?

lbs.

12. Please check all of the following that are of personal interest to you.

<input type="checkbox"/> Animals	<input type="checkbox"/> Drama	<input type="checkbox"/> Movies	<input type="checkbox"/> Swimming
<input type="checkbox"/> Arcades/Video Games	<input type="checkbox"/> Dress-up	<input type="checkbox"/> Museums	<input type="checkbox"/> Tennis
<input type="checkbox"/> Arts/craft	<input type="checkbox"/> Electronics	<input type="checkbox"/> Music	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Baseball	<input type="checkbox"/> Exercise	<input type="checkbox"/> Nature	<input type="checkbox"/> Walking
<input type="checkbox"/> Biking	<input type="checkbox"/> Festivals	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Watching Sports
<input type="checkbox"/> Board Games	<input type="checkbox"/> Fishing	<input type="checkbox"/> Reading	<input type="checkbox"/> Water play
<input type="checkbox"/> Boating/Canoeing	<input type="checkbox"/> Go-karts	<input type="checkbox"/> Roller blading	<input type="checkbox"/> Other:
<input type="checkbox"/> Bowling	<input type="checkbox"/> Hiking	<input type="checkbox"/> Running	<input type="checkbox"/> Other:
<input type="checkbox"/> Camping	<input type="checkbox"/> Laser tag	<input type="checkbox"/> Shopping	<input type="checkbox"/> Other:
<input type="checkbox"/> Climbing	<input type="checkbox"/> Make believe	<input type="checkbox"/> Singing	<input type="checkbox"/> Other:
<input type="checkbox"/> Dancing	<input type="checkbox"/> Mini Golf	<input type="checkbox"/> Soccer	<input type="checkbox"/> Other:

Please complete the following section only if you would like to do respite in your own home:

1. I live in a:

- Apartment
- Condo/Townhouse
- House
- Mobile Home

2. Do you own or rent?

- Own
- Rent
- Other (Please explain) _____

3. Do you have home owners or renters insurance?

- Yes
- No

4. Is your home accessible to children/adults who use wheelchairs?

- Yes
- No

5. Does your home have smoke detectors?

- Yes
- No

6. Do you have pets?

- Yes (please list) _____
- No

7. Please identify the name, age and relationship of all of the people you live with.

Name:	Age:	Relationship to you

8. If you are interested in working with a particular family, please tell us who:

Name:	Relationship to you