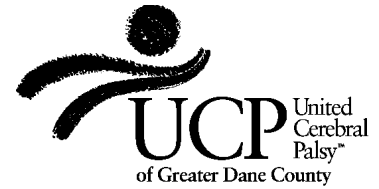


Respite Provider Profile



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.

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

Name:	Relationship to you

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