



Respite Checklist

Respite Provider Name _____

Respite Provider Phone Number _____

Respite Provider Email Address _____

Documents Provider Will Gather For New Respite Providers:				
	Fingerprint Clearance Card (front & back)			
	Driver's License (front & back) *State ID card is ok if the respite provider does not have a license			
	Article 9 training certificate			
	CPR & First Aid training			
	Criminal History Self-Disclosure *must be notarized			
	Consent for Central Registry Clearance Check			
	Respite Provider Policy and Training Manual			
	Orientation to Client			
	Providing transportation in Provider's vehicle?	YES	NO	N/A *circle one
	Providing transportation in their own vehicle?	YES	NO	N/A *circle one
	If Respite Provider will be transporting member in their vehicle:			
	- Vehicle insurance			
	- Vehicle registration			

Providing Respite For _____

