



Respite Provider Questionnaire

Please download this 'fillable form' to your computer, save the completed form, and then submit to: pwurtz@lcsnw.org
or fax to (360) 377-3548 or mail to:
Navy Respite Program – LCSNW
645 4th Street, Suite 202, Bremerton, WA 98337

1. If referred by a parent or provider please provide their last name: _____
2. Please complete your contact information so we can process your questionnaire

Name: _____

Address: _____

City / Town: _____

State: _____

Zip: _____

Email address: _____

Phone Number: _____

Experience working with children:

3. Please check all that apply in reference to working with children (with or without special needs)

I have no or limited experience with working with children with special needs

I have professional experience working with children (Specify # years : _____)

I have experience working with children with special needs (Specify # years : _____)

K – 12 School teacher (Specify # years : _____)

K – 12 Para educator (Specify # years : _____)

K – 12 other staff (Specify # years : _____)

Licensed child care staff (Specify # years : _____)

Nanny or caregiver in a child's home (Specify # years : _____)

Personal Family Experience of child with special needs

Social Worker (Specify # years : _____)

Other (Please specify what type & # Years): _____

4. For each item on the following list, please list your years of experience:

Behavior Supervision/Supports _____

Communication Supports _____

Diapering/Toileting Assistance _____

Eating Assistance _____

Medication Monitoring/Dispensing _____

Mobility Assistance _____

Physical Therapy _____

Respiratory Supports _____

Seizure Care _____

Sensory Integration _____

Specialized Equipment _____

Type: _____

Vision Supports _____

Professional Development:

5. In the past three years, how many hours of training have you completed that support your work with children (with or without specials needs)? Indicate general subject title.

6. We will require certificates for the following trainings for each selected provider. The pre-service trainings are:

Recognizing & reporting child abuse & neglect

Medication Dispensation

CPR/First Aid for Infant, Child, Adult: _____ *Expiration*

Blood Borne Pathogens

I do not have any of the listed trainings

7. Indicate level of education you have completed

High School/GED

CDA

2 Year Degree: Major _____

4 Year Degree or Higher: Major _____

Certifications: _____

Care Scenarios:

8. When working with a child that is nonverbal, what would you do if the child began to throw toys?

Provider Profile Information:

9. What personal strengths would you bring to the Exceptional Family Member Respite Care?

10. Have you had a recent FBI fingerprint check?

No

Yes

11. Do you have Military Base Access

No

Yes

12. How did you hear about the Navy EFM Respite Care Program? _____

Additional information

Lutheran Community Services NW
Navy EFM Respite Program
645 4th Street Suite 202
Bremerton WA 98337
Office: (360) 479-3489 / Fax (360) 377-3548