



Client Profile Sheet/Client Agreement

Client Name: _____

Birthdate: _____

Primary Contact Person: _____

Phone #: _____

Relation to Client: _____

Email: _____

Address: _____

Date: _____

Times/Day needed: _____

Characteristics of ideal care provider: _____

Add'l Info (siblings, gate codes/parking instructions, pets, etc): _____

_____ Referred By: _____

Client Assessment:

Interests/Strengths:

Disinterests/Greatest Needs:

Self-Care Needs (Dressing, Eating, Toileting):

Motor/Sensory/Communication Issues:

Allergies/Health Concerns/Medication/Nutritional needs and Preferences:

Infectious Disease: Yes No



Client Profile Sheet, Cont.

Behavioral Needs/Concerns:

Actions/Solutions to Mitigate these Behaviors:

Transportation Agreement:

OM accommodates the need for our respite clients to be transported throughout the community, to locations designated by you, the parent/guardian. Your signature below releases OM from all liability during client transport.

Respite Care Agreement:

I hereby grant OM permission to refer qualified and insured Respite Care Providers to work with my child(ren)/dependent adult. I agree to disclose all necessary information for OM and its employees to provide my child with optimal care. I agree to update any information with OM as soon as it occurs. OM will not be held liable for any incident that occurs due to my failure to provide the necessary information regarding my child and his/her well-being.

Name: _____

Signature: _____

Date: _____