

## Self-Managed Respite Service Audit/ Review

Respite Worker Name: \_\_\_\_\_ Respite Worker Phone Number: \_\_\_\_\_

Review Completed by and title: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Name of Participant: \_\_\_\_\_ Name of Care Provider: \_\_\_\_\_

Relation to participant: \_\_\_\_\_ Date of initial assignment: \_\_\_\_\_

# approved hours/week: \_\_\_\_\_ Approved Rate of pay/hour: \_\_\_\_\_

URIS B needs: ☐ No ☐ Yes, specify: \_\_\_\_\_ CSW \_\_\_\_\_

- 1) What types of activities do you do with the participant? Where does this generally occur and are there others present? If so, who?

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- 2) Do you keep a record (ie: calendar, log sheet or agenda book) of when you provided respite?

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- 3) Do you fill in the timesheet (Confirmation of Hours Form) or does the family? Do you sign it after each shift?

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- 4) During the last month, when did you provide respite (the days and hours)?

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- 5) Can you please confirm the number of hours/week and on what days of the week you provide respite?

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- 6) How frequently are you paid? \_\_\_\_\_ What is your rate of pay? \_\_\_\_\_

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- 7) Is there anything you would like to add?

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- 8) \*If child is known to have URIS B health needs, inquire about if/when received URIS B training.

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- 9) \*\*If inaccurate reporting/fraud is suspected please ask if:

- a) they get paid with cash or cheque (circle one)
- b) bank statements could verify funds received - Yes or No (circle one)
- c) they provide receipts to family when paid - Yes or no (circle one)