

## A-5: Hospital Sitter Forms

These forms are for informational purposes only. Do not submit them with your operation's contract Application.



## REFERRAL FOR HOSPITAL SITTING SERVICES Child Protective Services (CPS)

**Purpose:** Complete this form to request hospital sitting services for a child in DFPS conservatorship.

**Instructions:** Provide the information indicated below. Submit the completed form along with the completed Service Authorization (Form 2054) to the Contractor to initiate the referral. If services are to be provided outside the child's legal region, follow policy regarding Interregional Service Authorization. If you have questions about the proper completion of the referral, contact your regional Contracts office.

CPS CONTACT INFORMATION	
CPS Caseworker Name:	Cell Phone:
Email: <span style="float: right;">@dfps.state.tx.us</span>	Emergency Phone:
CPS Supervisor:	Cell Phone:
CPS Program Director:	Cell Phone:
Note: Contractor will not be responsible for arranging transportation and must not provide transportation to any participant.	

CASE INFORMATION	
Case Name:	Case ID Number:

PARENT(S)/CAREGIVER(S) INFORMATION	
Name(s) of Person(s) that are <b>ALLOWED</b> to visit the child:	(Be specific to include names; don't simply list the AP or FA acronym)
Name(s) of Person(s) who are <b>NOT ALLOWED</b> to visit the child:	(Be specific to include names; don't simply list the AP or FA acronym)
Others person(s) <b>ALLOWED</b> to visit the child:	(If only brief visits are to be allowed, be specific as to the amount of time other visitors are to be allowed to visit)
Other Contact Information:	(Contact Name(s) and Phone Number(s))

HOSPITAL SITTER INFORMATION	
Hospital Sitter Schedule:	(Be specific to include begin/end times, day of week, etc.)
Language spoken by the child to be supervised:	
Other important information:	

SPECIAL INSTRUCTIONS
Provide any additional information or special instructions that the hospital sitter should be aware of (e.g., family anger outbursts, threats regarding parents or children, family violence, dietary needs, etc.). Be very specific in describing any issues or instructions.



## SIGN IN LOG FOR HOSPITAL SITTING SERVICES Child Protective Services (CPS)

**Purpose:** Hospital Sitter completes this form to document provision of services; provide information regarding any person(s) that visit(s) the child while services are being provided; communicate information to CPS regarding any issues, concerns or behaviors; and to document when Hospital Sitter will be arriving late or will be substituted.

**Instructions:** To complete this form, provide the case-specific information requested below. When indicating whether a behavior occurred during a visit, the Hospital Sitter must describe the behavior observed in the Comments section of this form and submit an attachment with additional comments when applicable. Questions about proper completion of this form can be directed to your CPS Contract Manager. Contractor's Authorized Approver signs and dates to verify accuracy of time billed to CPS.

SIGN IN LOG (ALL VISITORS MUST SIGN)		
Case Name:	Date of Visit:	
Hospital Sitting Location:		
Name of Child to be Supervised:	Scheduled Begin and End Time: to	Actual Start Time:
DFPS Caseworker:	DFPS Supervisor:	Actual End Time:
Names of Visitors (Print name clearly)	Arrival Time	Departure Time
Summary of activities performed for or with the child:		
Comments or additional information to CPS (attach additional pages, if necessary):		

\_\_\_\_\_  
Signature of Hospital Sitter

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Contractor's Authorized Approver

\_\_\_\_\_  
Date

If Hospital Sitter is arriving late, not arriving, or Substitute Hospital Sitter will arrive, provide detailed explanation:		
Date Informed Charge Nurse:	Date Informed DFPS Staff:	Name of Substitute Sitter (if applicable):