Living Arrangements

Every rare epilepsy family has their own unique situation; therefore, each family can have their own unique living arrangements. There is no right or wrong—your plan is the best plan for your family. The goal of this document is to capture the details of your loved one's living arrangements so that anyone who may assist you with care has all the information they need to provide the best care possible for your child with rare epilepsy.

TIP: Please provide additional detail about your loved one's residence(s) that may help others care for your child. For example, if your loved one has more than one residence, you may want to document what days/times of the week they live in their primary residence and how transportation is provided when traveling to secondary residence.

Primary Residence: My child lives...

Optional: Upload Photo Here

☐ **in the family home.** Please list the names and relationships of those living in the family home:

☐ **in a group home**

☐ **other assisted living facility or institution** (If this option is selected, please also complete the Living Arrangements Additional Information form.)

On-Site Primary Caregiver(s):

Address:

City: State: Zip:

Phone: Mobile:

Emergency Contact Name: Phone:

Additional Details:

Secondary Residence (if applicable): My child lives...

Optional: Upload Photo Here

☐ **in the family home.** Please list the names and relationships of those living in the family home:

☐ **in a group home**

☐ **other assisted living facility or institution** (If this option is selected, please also complete the Living Arrangements Additional Information form.)

On-Site Primary Caregiver(s):

Address:

City: State: Zip:

Phone: Mobile:

Emergency Contact Name: Phone:

Additional Details:

Living Arrangements: Additional Information

If your loved one lives in a group home or other facility outside the family home, please use this form to share additional information to aid anyone assisting you with the care of your loved one with rare epilepsy.

Facility/On-Site Contact(s):

Address:

City: State: Zip:

Phone: Mobile:

Emergency Contact Name: Phone:

How close is the facility to where the family lives? Number of Miles:

How is communication between the staff and family handled? Details:

What kind of activities are offered? Details:

How does the night staff monitor for nocturnal seizures? Details:

Are there cameras on site? If so, how frequently are they monitored? ☐YES ☐NO Details:

Are there any restrictions on visitation times? ☐YES ☐NO Details:

Does the facility have a nurse or physician on staff? ☐YES ☐NO Details:

How are medications administered?

What is the accessibility for getting around in the home, bathing, etc.? Details:

How are challenging behaviors handled? Details:

Does the facility provide the following basic needs?

Shaving: ☐YES ☐NO Details:

Bathe and wash daily? ☐YES ☐NO Details:

What is the protocol in the event of a natural emergency? (for example, earthquakes, fires, tornadoes, etc.) Details:

What happens on holidays? Details:

How is transportation handled? Does the home have its own van/car? ☐YES ☐NO Details:

Use the space below to provide pictures and detailed information of your loved one's living arrangements:

Optional:
Upload Photo Here

Optional:
Upload Photo Here

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Upload Photo Here

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