

Isticmaal Xafiiska Kaliya
 Taariikhda Helay: ___/___/___
 Checks Background Buuxinayo: ___/___/___
 Taariikhda Ku qornay: ___/___/___

Fadlan ku noqo:

Codsiga bilowga ah Update Sanadlaha ah

Magaca Sharciga Buuxa ee Codsadaha ee:

Cinwaanka Guriga:	City, Gobolka, Zip:
Cinwaanka boostada (haddii ay kala duwan yihiin):	City, Gobolka, Zip:
Home ama Telefoonka gacanta:	Email:
Waxaan kula xiriiri karaa email? <input type="checkbox"/> Haa <input type="checkbox"/> Maya	Ma kula xiriiri karnaa qoraalka? <input type="checkbox"/> Haa <input type="checkbox"/> Maya
Magaca Gabadha Ama Magac kale oo la Adeegsado:	Taariikhda dhalashada:

sanduuqyada Check wakhtiyada la heli karo:	MA	TUES	WED	THURS	JIMCAHA	SAT	SUN
DAYTIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIIDKII	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HABEENKII	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MUDDO KORDHINTA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
XAALADAHA DEG DEGTA AH/XASARADAHA JOOGSIGA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ma waxaad diyaar u tahay inaad u safarto si aad u bixiso nasasho ama qaataha daryeelka gaadiidka ee hawlaha loo qorsheeyay, iwm? Haa Maya

Haddii ay haa tahay, ugu badnaan masaafada cinwaankaaga: 10 miles 25 miles 50 miles ka badan 50 miles
 Magaalooyinka / Gobolada loo adeego: _____

Fadlan hubi noocyada daryeelka aad diyaar u tahay inaad bixiso:

Saaxiibka Non-xirfad Skilled Nursing

Fadlan hubi meesha aad doonayso inaad ku siiso nasto:

Daryeel qaataha Guriga Guriga bixiyaha Dejinta Bulshada

Fadlan hubi Activities of Daily Living (ADLs) waxaad rabtaa inaad la shaqeyso:

Toileting Baydhabo Cuntada Arooska
 Mobility Labista dresska Wareejinta

Fadlan hubi ciladaha dareenka iyo habdhaqanka ee aad diyaar u tahay inaad la shaqeyso:

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Reactive Attachment Disorder
<input type="checkbox"/> Walaaca	<input type="checkbox"/> Xanuunada Maskaxda	<input type="checkbox"/> Is-Badeecada
<input type="checkbox"/> Diiqada	<input type="checkbox"/> Mucaaradka Defiant Disorder	<input type="checkbox"/> Tantrums
<input type="checkbox"/> Fetal Alcohol Syndrome	<input type="checkbox"/> jir ahaaneed Dagaal badan	<input type="checkbox"/> Wanaajin

Fadlan hubi Curyaamiinta Caafimaad iyo Caafimaad iyo/ama Cuuryaamo Gaar ah ee aad rabtid inaad la shaqeyso:

- | | | |
|--|---|--|
| <input type="checkbox"/> Cudurka ALS/Lou Gehrig | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Cudurka sokorta (Diabetes) | <input type="checkbox"/> Xasaasiyada daran |
| <input type="checkbox"/> Autism/Autism Spectrum Disorder | <input type="checkbox"/> Tube quudinta | <input type="checkbox"/> Hadal iyo Dib u dhac Af |
| <input type="checkbox"/> Arthritis ama Dhibaatooyin kale oo Joint | <input type="checkbox"/> Naafo Maqalka/Maqalka Aids | <input type="checkbox"/> Spinal Cord |
| <input type="checkbox"/> Dhibaatooyinka dhiigga sida dhiig yarida ama Sickle Cell Disease | <input type="checkbox"/> Dhibaatooyinka Wadnaha | <input type="checkbox"/> Qofka adag ee Syndrome |
| <input type="checkbox"/> Dhibaatooyinka neefsashada sida neefta ama neefta, COPD ama Cystic Fibrosis | <input type="checkbox"/> Curyaaminta Garaadka/Dib u dhaca Horumarka | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Kansarka | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Tracheotomy |
| <input type="checkbox"/> Kateetarka Care | <input type="checkbox"/> Paraplegia / Quadriplegia | <input type="checkbox"/> Traumatic Brain Injury |
| | <input type="checkbox"/> Cudurka Parkinson | <input type="checkbox"/> Naafada Muuqaalka |

Fadlan hubi da'da aad rabto inaad la shaqeyso (hubi inta codsato oo dhan):

- | | | | |
|------------------------------------|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> 0-2 sano | <input type="checkbox"/> 19-35 sano | <input type="checkbox"/> 65-74 sano | <input type="checkbox"/> Alle Da'da |
| <input type="checkbox"/> 3-5 sano | <input type="checkbox"/> 36-50 sano | <input type="checkbox"/> 75-84 sano | |
| <input type="checkbox"/> 6-18 sano | <input type="checkbox"/> 51-64 sano | <input type="checkbox"/> 85 iyo ka badan | |

Language(s) ku hadla (hubi waxa khuseeya oo dhan):

- Ingiriis Af-Isbaanish Kale (fadlan liiska) _____

Sidee ayaad maqashay oo ku saabsan Shabakada Nebraska Lifespan Respite Network? (hubi waxa quseeya)

- | | | |
|---|--|---|
| <input type="checkbox"/> Bandhiga | <input type="checkbox"/> Buugga / Poster | <input type="checkbox"/> Friend / Qaraabada |
| <input type="checkbox"/> Jaraa'idka | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Internetka |
| <input type="checkbox"/> TV / Cable / Raadiyaha (fadlan wareeg) | <input type="checkbox"/> Referral | <input type="checkbox"/> Kale _____ |

Waxaan ogolaansho u siinayaa in lagu daro macluumaadkayga ku saabsan Website-ka Dawladda Nebraska ee rasmiga ah, Bixiyaha Bixinta Bixinta Nidaamka iyo Soo-gudbinta Nebraska (NRRS) Bixinta Bixinta Kheyraadka. Haddii aad calaamadeyso "MAYA" macluumaadkaaga ayaa sii ahaan doona mid gaar ah iyada oo loo marayo Nebraska Lifespan Respite Network online amaan ah.

- Haa Maya

Nebraska cimri nasto Heerarka Bixiyaha Bixiyaha:

By saxiixa Codsiga this Codsadaha codsada fahamsan yahay in sida shuruudaha codsanaya in ay noqoto Aakhiro Nasasho Network- Ogolaansho Bixiyaha la ansixiyay, waafaqsanaanta Heerarka Provider loo baahan yahay:

1. Hubi in la hubiyo bixiyaha shaqsiga ah, da'da 14 ama ka weyn haddii uu bixiyo daryeel nasasho, ama shaqaale hay'ad heysta daryeel toos ah oo leh taabashada daryeel toos ah ayaa lagu nadiifiyay DHHS Child Abuse / Reglect Central Registry, DHHS Ee Adeegyada Difaaca Ee Dadka Waaweyn ee Dhexe, Diiwaanka Dembiilayaasha Galmada ee Ilaalinta Ee Gobolka iyo Baadarka Dambiyada Dembiyada Ee Ilaalinta Gobolka. Hay'ad codsatayaashu waxay ilaalinaysaa natiijoyinka jeegagan faylasha shaqaalaha shaqaalaha iyo inay u diyaar garowdo Waaxda.
2. bixiyaha Agency la ruqsad iyo / ama shahaado sida looga baahan yahay sharciga gobolka.
3. Bixi adeegyada respite sida qandaraasle madax banaan oo aqoonsanaya in bixiyaha ma aha shaqaale ka tirsan Waaxda ama State.
4. Ixtiraam xuquuqda sirta ee qofka helay daryeelka sirta ah isla markaana ilaaliyo macluumaadka qarsoodiga ah.
5. Qiro mas'uuliyadda ammaanka iyo hantida qofka daryeelka qaata.
6. Hayso aqoon, waayo-aragnimo, iyo / ama xirfado lagu fuliyo hawsha (s) lagu heshiiyay si ay si ammaan ah u bixiso daryeel dib-u-dhigista.
7. Xaqiiji in cid kasta oo laga shakiyo ku xad-gudub ama dayacaad ay si dhakhso ah u soo gudbin doonaan fulinta sharciga iyo /ama khadka tooska ah ee Kufsiga iyo Dayacaadda (1-800-652-1999).
8. Iyadoo la raacayo Title 464 NAC 1.019.01 WAAXDA KALA-QAADASHADA. Waaxdu waxay xajisaa awoodda ay ku diidi karo lacagta la siinayo doorashada qaataha ee bixiyaha xaaladaha soo socda:
 - a. Bixiyaha wuxuu ku hawlan yahay bilasha been-abuurka ah;
 - b. Bixiyaha wuxuu ku kacay khiyaamo barnaamijyo kale oo Waaxda ah;
 - c. Bixiyaha waxaa lagu helay dambi ah inuu ku xadgudbay ama dayacaad uu geystay qof qaangaar ah ama ilmo nugul.
 - d. Bixiyaha waxaa lagu helay dambi rabshadeysan;
 - e. Bixiyaha waxaa lagu helay dambi ah filimada qaawan ee caruurta;
 - f. Bixiyaha waxaa lagu helay dambi ah in uu geystay xadgudub ama weerar gudaha ah;
 - g. Bixiyaha waxaa lagu xukumay inuu xatooyo xatooyo ka dib markii da'da 19 jir ahayd iyo saddexdii sano ee ugu dambaysay;
 - h. Bixiyahu wuxuu leeyahay xukun ku saabsan khiyaamo dambi 10kii sano ee la soo dhaafay;
 - i. Bixiyaha wuxuu leeyahay xukun ku saabsan khiyaamo la xiriirta musuqmaasuq shantii sano ee lasoo dhaafay;
 - j. Bixiyahu wuxuu leeyahay xukun ku saabsan walxaha la xakameeyey 10-kii sano ee u danbeeyay;
 - k. Bixiyahu wuxuu leeyahay xukun ah in uu soo saaray walxaha la kontoroolay 10kii sano ee ugu danbeeyay;
 - l. Bixiyahu shantii sano ee lasoo dhaafay wuxuu ku xukumay xukun ku saabsan dhillionimo ama dhillaysi uu dalbaday shantii sano ee lasoo dhaafay;
 - m. Bixiyahu wuxuu leeyahay xukun kufsi ama dhac iyo dhac 10kii sano ee ugu danbeysay gudahood;
 - n. Bixiyaha waxaa lagu xukumay xukun kufsi ama kufsi;
 - o. Bixiyahu waa mid diiwaangashan ama loo baahan yahay in la diiwaan geliyo Diiwaangelinta ama Qaran ee Galmada Galmada ama Qaran ahaan ama kaydka;
 - p. Bixiyahu wuxuu leeyahay xukun ku saabsan dambi kasta oo ka dhan ah ilmo ama qof qaangaar ah oo nugul;
 - q. Bixiyaha wuxuu leeyahay xukun ku saabsan afduubka;
 - r. Bixiyaha wuxuu leeyahay xukun ku saabsan xasuuqii xoolaha, kufsi, ama dayacaad;
 - s. Bixiyahu wuxuu leeyahay xukun dambi ah in uu arbushaad ku furay;
 - t. Bixiyaha ayaa waxaa lagu xukumay inuu baabuur wadi jiray isagoo uu saameyn ku laheyn shantii sano ee ugu dambaysay;
 - u. Bixiyaha wuxuu leeyahay laba ama in kabadan oo baabuur wadista ah oo la sugayo iyadoo loo eedeeyay inuu saameyn ku yeesho; ama
 - v. Bixiyahu waxaa lagu xukumay dambi kasta oo kale oo khatar gelinaya badqabka carruurta ama dadka waawayn ee nugul.

Waxaan xaqiijinayaa in aan akhriyey oo aan fahmay heerarka sida ku xusan iyo tixraacaya kor ku xusan oo ay ku raacsan yihiin in ay u hoggaansamaan oo dhan Standards Provider.

Haddii aad gurigaaga ku soo bandhigeysid joogsi, waa in macluumaadkaas aad hesho dhammeystir lagu sameeyo oo uu saxiixaa qof walba oo da'diisu tahay 19-jir ama ka weyn oo guriga ku dhex nool, xitaa haddii uusan codsaneyn in uu siiyo gabagabo. Haddii aad gelineyso meel ka baxsan gurigaaga, markaasna waxaa waajib kugu ah inaad buuxiso oo kaliya marka aad saxiixdo heshiiska. Ku lifaaq waraqa dheeraad ah haddii loo baahdo.

Fadlan ku lifaaq nuqul ka mid ah Liisanka Darawalnimadaada ama Aqoonsiga Dawladda soo saartay sawirka loogu talagalay faylka Bixiyahaaga.

Saxiixa Codsadaha	Magaca lagu daabacay	/ / Date (bishii, maalin, sanad)
Saxiixa Xubin Qoyska	Magaca lagu daabacay	/ / Date (bishii, maalin, sanad)
Saxiixa Xubin Qoyska	Magaca lagu daabacay	/ / Date (bishii, maalin, sanad)

Sidan ayaad u sameynaysaa codsigaada

Ciwaanka boostada loo diraa waa u kala duwan yahay gobol kasta oo Nebraska ah. Adiga oo adeegsanaya khariidada hoose si aad u hesho gobolka aad ku nooshahay isla markaana dukumintigan warqada ah oo dhamaystiran ugu dir isku duwaha respite ee gobolkaaga hoose ee hoos ku xusan. Si aad codsiyadaada u fayl garayso fadlan ku lifaaq foomka codsiga emayl loogu diro isuduwaha gobollada aad degan tahay ee hoos ku xusan.

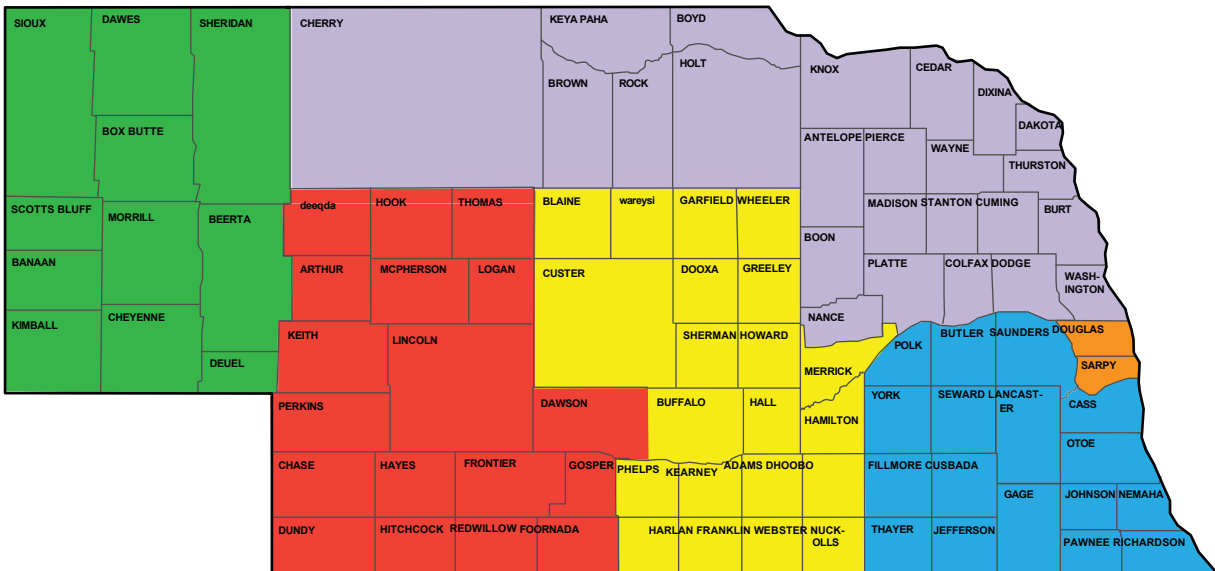
Waaxda Caafimaadka iyo Adeegyada Aadanaha ee Nebraska Nebraska network waayitaanka nololaha

dhhs.ne.gov/respite

respite.ne.gov

Hanna Quiring, Iskuduwaha Barnaamijka
DHHS - Qaybta Adeegyada Carruurta &
Qoyska Barnaamijka Kaalmada Naf-nololeedka
Respite-ka iyo Barnaamijka Taageerada Dadka
Naafada & Taageerada Qoyska Ee Gobolka
Nebraska, 1410 M St.
PO Box 98933
Lincoln, NE 68509-8933
(531) 530-7011
hanna.quiring@nebraska.gov

Jan Drewel, Shaqaalaha Adeegyada Bulshada
DHHS - Qaybta Adeegyada Carruurta iyo
Qoyska Barnaamijka Faa'iidada Nafaqada
Raali-galinta Barnaamijka Kaalmada iyo
Barnaamijka Dadka Naafada ah & Taageerada
Qoyska PO Box 98933
Lincoln, NE 68509-8933
(402) 471-9188
dhhs.respitem@nebraska.gov



Aagga Adeegga Galbeedka (Shabakada Dejinta Maxalliga ah) Iskaashiga Panhandle ee Caafimaadka iyo Adeegyada Aadanaha Chadron, NE
(308) 432-8190 specialprojects@wchr.net

Aagga Adeegga Koonfur Galbeed (Shabakada Degaanka ee Degaanka) Waaxda Caafimaadka Dadweynaha ee Koonfur-galbeed NE McCook, NE
(308) 345-4990 respitem@swhealth.ne.gov

Aagga Adeegga Bari (Network Deganaanshaha Maxalliga ah) Machadka Munroe-Meyer UNMC Mahamaha, NE
(402) 559-5732 eastrespitem@unmc.edu

Area Service Southeast (Network degaanka joogista)
(531) 530-7011 dhhs.respitem@nebraska.gov

Northern Service Area (Network deganaanshaha) Munroe-Meyer Institute UNMC Mahamaha, NE
(402) 577-0535 northrespitem@unmc.edu

Aagga Adeegga Dhexe (Network Local Respite Network) Madaxbanaanida Kacaya Keamey, NE
(402) 309-4344 respitem@irnebraska.org

Guurka shaqo-bixiyaha
Kim Falk, Iskuduwaha Dib-u-celinta Lead-ka UNMC-MMI
(402) 559-4951 kim.falk@unmc.edu

UNL-CCFL (Xarunta Carruurta, Qoyska & Sharciga)
Charlie Lewis, Agaasimaha Mashruuca
(402) 472-9815 clewis@unl.edu
Jessie Cook, Khariidadda Mashruuca Webka
(402) 472-9827
jessica.cook@unl.edu