

Unpaid Caregiver Application – Respite Voucher

Caregivers of individuals, who need support with personal care, supervision, and monitoring, may find themselves in need of respite (short breaks) from their caregiving responsibilities. The purpose of this respite voucher program is to meet planned respite needs for unpaid caregivers. Lifespan Respite is based on individuals who have a special need or needs.

Qualifications

In order to qualify for this program, **THE ELIGIBLE CAREGIVER:**

- Must be an unpaid caregiver;
- Provide 40 or more hours a week of care/support to an individual of any age that has a **SPECIAL NEED** or condition;
- Live in Washington State;
- Not be enrolled in a Medicaid or other program that provides respite services;
- May receive a respite voucher if on a wait list and not scheduled to receive services within 30 days of application; and
- Cannot afford to pay privately for respite on his/her own.

SPECIAL NEED. The Lifespan Respite Act of 2006 describes “*special need*” as:

An adult, 18 years of age or older who requires care or supervision to:

1. Meet the person’s basic needs;
2. Prevent physical self-injury or injury to others; or
3. Avoid placement in an out-of-home, long-term care setting.

A child, less than 18 years of age who requires care or supervision beyond that required of children generally to:

1. Meet the child’s basic needs; or
2. Prevent physical self-injury, or injury to others.


PLEASE NOTE:

1. Caregivers are not guaranteed the maximum amount of funds available, typically up to \$1,000 per household; some may receive smaller amounts at the discretion of Lifespan Respite Washington (LRW) staff.
--Department of Health applicants may receive up to \$800 per child approved by the Children with Special Health Care Needs.
2. Vouchers are filled as determined by the LRW staff as voucher funding is available.
3. Vouchers are typically filled on a first-come, first-served basis. However, some applications may not be awarded due to extenuating circumstances.
4. Vouchers are contingent upon finding a qualified provider/service and upon program availability.
5. Caregivers must remain eligible throughout the voucher award process.

6. After receiving approval from LRW caregivers may use a pre-approved respite provider (RPA). If the desired provider is not registered, the caregiver must contact LRW to see if they meet qualifications and are can register as a respite provider.
 - No individual/independent provider may be used for respite services.
 - Caregivers must notify LRW staff of their respite option/interest by the date noted on the award letter (typically a week later).
7. Caregivers are responsible for respite scheduling, supervision, and reviewing the credentials and safety training of respite providers. These caregivers are encouraged to consider the kinds of help they or their care receiver are looking for in a respite provider. The following questions may be helpful when reviewing respite options:
 - What sort of help does the caregiver or care receiver need?
 - How much time will the respite worker be providing care per session? (Hint: It is easier to find in-home workers if they are scheduled for four-to-eight-hour blocks of time.)
 - What are the basic qualifications a respite care provider must have in order to safely provide care?
 - Are there special skills required to work with the care receiver?
 - How does the agency verify worker background history (to rule out criminal pasts, etc.)?

For additional information on how to interview paid workers, please refer to ***“What to Consider when Hiring a Home Care Worker”***, www.lifespanrespitewa.org/for-family-caregivers/

8. A consent for release and/or exchange of information form is required to exchange information between all parties. This can be achieved through the Referral Contact section on the application.
 - If this includes the Children with Special Health Care Needs (CSHCN), it is important to list the Local Health Jurisdiction (LHJ) representative on that section.
9. Vouchers must generally be used within four months of the date of authorization by LRW staff or by the end of the fiscal contract period date, whichever comes first. The end date will be noted on the authorization form that is used to finalize when services are authorized to begin.
 - Most vouchers must be used soon after the award is made; exceptions may be made on a case-by-case basis for attendance at future camps, etc.
10. It is important for the caregiver and respite provider agency to track how much of the voucher is used. It is not the responsibility of Lifespan Respite Washington to do so.
 - Respite provider agencies will need to follow guidelines outlined in their individual agreements with the host agency.
11. Issues and challenges arising during the respite process must be reported to LRW staff by the next business day.

<p>Send application to: Lifespan Respite Washington C/O  11627 Airport Road, Suite B Everett, WA 98204</p>	<p>PHONE: 425.740.3788 1.800.422.2024, x 125 FAX: 425.290.5445 EMAIL: lporter@homage.org WEBSITES: www.lifespanrespitewa.org www.homage.org</p>
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Unpaid Family Caregiver Information

Caregiver Name:	Gender/Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address:	Birthdate: Age:
City/State/Zip:	County:
Phone Number(s):	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American <input type="checkbox"/> Asian American <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Other:
Email:	
Relation to Person Receiving Care: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent/Step Parent <input type="checkbox"/> Daughter/Son <input type="checkbox"/> Sibling <input type="checkbox"/> Other Relative	

Eligibility and Need

1. I provide 40 or more hours of care, supervision, or monitoring per week.	<input type="checkbox"/> No <input type="checkbox"/> Yes
2. I receive respite care through Medicaid or other program that provides respite care.	<input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, program name: _____	
3. I have received a Lifespan Respite voucher in the past.	<input type="checkbox"/> No <input type="checkbox"/> Yes
4. How long have you been an unpaid caregiver?	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 1 – 5 years <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> More than 5 years
5. How long since you last had a break from caregiving?	<input type="checkbox"/> Less than 6 months <input type="checkbox"/> 1 – 5 years <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> More than 5 years
6. What has kept you from having breaks in the past? <input type="checkbox"/> Other _____	<input type="checkbox"/> Money <input type="checkbox"/> Timing <input type="checkbox"/> Available provider <input type="checkbox"/> Transportation
7. What type of respite support is needed? <input type="checkbox"/> In-home <input type="checkbox"/> Camp <input type="checkbox"/> Other (<i>please explain</i>): <input type="checkbox"/> Day services <input type="checkbox"/> Recreation <input type="checkbox"/> Overnight care <input type="checkbox"/> Unsure	

Person Receiving Care (Care Receiver)

Care Receiver Name:	Gender/Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address (if different):	Birthdate: Age:
City/State/Zip:	Insured by Apple Health (formerly called Medicaid): <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number(s):	

Special Need or Condition (person needing care):

- Brain Injury
- Emotional/Behavioral
- Intellectual/Developmental Disability (autism, Down Syndrome, etc.)
- Memory Condition (Alzheimer's/Dementia, etc.)
- Mental Health Disorder
- Neurological (Parkinson's Disease, ALS, Multiple Sclerosis, etc.)
- Physical Disability (hip surgery, stroke, etc.)
- Medical Supports needed (medication reminders, special diet, transfers, feeding tube, etc.)
- Special considerations needed (supervision, two-person assist, etc.)

Referral Contact Information

Person(s) authorized by the applicant to exchange information for the purposes of facilitating respite care.

Name:	Name:
Title/Relationship:	Title/Relationship:
Agency:	Agency:
Phone:	Phone:
Email:	Email:

Acknowledgement/Agreement

1. I have had the opportunity to review the attached eligibility and program requirements and to ask questions to understand how this voucher applies to my situation. I attest that this application is true and accurate.
2. If, during the application process, my caregiving situation changes (e.g., I am no longer providing 40+ hours per week or I receive respite elsewhere), I understand my voucher may be given to another eligible family caregiver.
3. I understand respite services will not be paid without a completed, signed, Homage-approved Caregiver Service Agreement.
4. Care receivers may only be transported in an agency vehicle. The paid worker may not ride in a non-agency vehicle with a caregiver/care receiver.
5. I authorize the exchange of information, including from this application, via common methods (phone, in person, postal mail, fax, email, data entry) among all relevant parties, including formal respite programs to verify, coordinate, and deliver services on behalf of my care receiver and myself. If not listed on this application, other parties will need to produce a written consent form.

Indemnification. By selecting the respite provider of his/her own free will, the unpaid, unserved caregiver shall indemnify, defend, and hold harmless Homage Senior Services of Snohomish County (SSSC) doing business as Homage Senior Services, Lifespan Respite Washington, the State of Washington, the United States Government and the Respite Provider Agency from and against any and all claims, demands, suits, liabilities, and judgments, including attorney's fees and claims for bodily injury or death, arising from services rendered or for facilities provided with the operation of the LRW Voucher Program.

Caregiver Printed Name

Caregiver Signature

Date