# Respite Provider Information Sheet

<table>
<thead>
<tr>
<th>Provider Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
<td><strong>Email</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
<td><strong>Web Address</strong></td>
</tr>
<tr>
<td><strong>Telephone</strong></td>
<td><strong>Fax</strong></td>
</tr>
<tr>
<td><strong>Contact Person</strong></td>
<td><strong>Phone</strong></td>
</tr>
</tbody>
</table>

## What are your eligibility requirements for respite care?

## What populations do you serve? (Please circle all that apply)

- Adults
- Pediatrics
- Alzheimer’s
- Behavioral disorders
- Chronic Disease
- Mental Health
- Developmental Disabilities
- Physical Disabilities
- Hospice
- Non-mobile
- Other

## What form(s) of payment do you accept? (Please circle all that apply)

- Medicaid
- Private Pay
- Other

## During what time periods do you provide respite care? (Please circle all that apply)

- Daytime only
- Nighttime only
- 24 hours

## Where do you provide respite? (Please circle all that apply)

- In home
- Out of the home

## What services can you perform while providing respite (i.e. bathing, dressing, grooming, etc)?