



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

Kathryn Hayfield
Commissioner

DIVISION FOR COMMUNITY LIVING
OFFICE FOR AGING SERVICES
1610 Forest Avenue, Suite 100
Henrico, VA 23229

Office (804) 662-9333
Toll free (800) 552-3402
TTY users dial 711
Fax (804) 662-9354

You have been approved for DARS Virginia Lifespan Respite Voucher Program! The documents below provide information you need to read and complete to receive your reimbursement:

Voucher Form
Reimbursement Form
Satisfaction Survey
Respite Care Association of Wisconsin (RCAW) Caregiver Training Survey
W-9 Form
Attached valid proof of payment (provided by you)

In order to successfully process a reimbursement the following must be completed and returned to the agency: **Reimbursement Form, Satisfaction Survey, RCAW Training Survey, W-9 Form and valid proof of payment.** The W-9 must be completed fully with your, **the primary caregiver's**, information. I have **highlighted** the sections necessary for completion. Examples of some valid proof of payment includes invoices showing payment, bank statements showing a copy of cashed checks, screenshots from money transfer apps and money order receipts. Copies of uncashed checks, or statements regarding cash payments not signed by both the caregiver and respite provider are NOT considered valid proof of payment for this program. Please note, the amount incurred on the reimbursement form and the amount listed on the proof of payment MUST be identical.

If you have questions, please give me a call at (804) 662-7650, or email me at liza.white@dars.virginia.gov.

Regards,

Liza White
Lifespan Respite Grant Voucher Coordinator
liza.white@dars.virginia.gov

Dept. for Aging and Rehabilitative Services
1610 Forest Avenue, Suite 100
Henrico, VA 23229
804.662.7650 804.662.9354 fax

Issue Date

Expiration Date

We are pleased to provide you this Voucher for respite services for _____. As a part of the Virginia Lifespan Respite Voucher Program, you are awarded this voucher totaling up to \$595 (maximum five hundred and ninety-five dollars) to help offset the cost of care for the above mentioned care recipient. Your next step is to select either an individual and/or an agency to provide respite care for _____. You are responsible for selecting, hiring, training, and paying for a respite care provider of your choice. Respite providers must be at least 18 years old and cannot reside in your home. You may use a community respite program (e.g., weekend respite program, therapeutic summer camp, adult day program).

Respite and caregiver resources can be found at www.virginiannavigator.org. **DARS does NOT provide or arrange for respite care.**

Please read the following guidelines very carefully and be sure you understand them. If you need assistance with understanding the guidelines you may call Liza White at 804-662-7650 or email her your concerns at liza.white@dars.virginia.gov.

1. The Virginia Lifespan Respite Voucher Program (VLRVP) will reimburse up to **\$15 per hour for individuals** and **\$25 per hour for agencies** regardless of the respite provider's fee, not to exceed \$595. Fees greater than VLRVP allowance are your responsibility.
2. Voucher funds are only available during the dates listed on this voucher – unless otherwise specified.
3. Voucher funds may **ONLY** be used for respite care! Funds may **NOT** be used to reimburse household expenses (to go to work or other daycare already being used)
4. Submit your reimbursement request either once the amount of funds needed have been used or in partial payments. Minimum required for partial reimbursement is no less than \$100. You may use your voucher funds all at once or over several days/weekends/months.
5. Return your completed reimbursement packet once all funds have been expended or no later than 7 days after the expiration date on this voucher. **Late submissions will NOT be paid.**
6. Reimbursement checks will be made payable to you, the primary caregiver (not the respite provider) and may take up to 45 days to arrive. You, the primary caregiver, are responsible for payment to your respite care provider.
7. If you have existing government debt you may not receive your entire reimbursement.

After you have selected your respite provider you will use the Reimbursement Form (included in this packet) to record dates, number of respite hours, total amount paid and respite provider information. The Reimbursement Form must be completely filled out and signed by you, the primary caregiver, and the respite provider. You must also include valid proof of payment in order for your reimbursement to be processed. Respite services not approved as stated above will not be covered.

Your completed packet (Reimbursement Form, Satisfaction Surveys, W-9, and Proof of Payment) can be submitted via email, fax or mail.

If you have questions or need assistance completing this application, contact: Liza White
liza.white@dars.virginia.gov (804) 662-7650 or call toll free at: +1-800-552-3402

The Respite Care Association of Wisconsin (RCAW) offers a variety of free online training courses for both caregivers and respite workers on many topics. The Virginia Lifespan Respite Voucher Program is developing its own training material, but until it is completed, the grant program recommends the RCAW [How to Hire, Train, and Retain Respite Providers](#) module. This is an excellent out-of-state resource that may assist caregivers who use this program. The program expects all caregivers who are able to complete the training, email their certificate of completion to Liza White at liza.white@dars.virginia.gov and provide feedback on the training below. The training takes approximately 30 minutes to complete once you have signed up and can be accessed through the link below:

<https://wisconsin-respitecarewi.talentlms.com/catalog/info/id:125>

1. The caregiver training made me more confident in finding a respite care provider.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
2. The caregiver training tools made me more confident in choosing a respite care provider that best meets my care need and the care recipient's needs.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
3. The caregiver training provided helpful tools to explain my care recipient's specific needs.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
4. The tools will be helpful for hiring respite care providers in the future	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
5. I would recommend the training program to other caregivers?	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
6. Provide comments about your experience with the caregiver training (ex. what was most helpful, what did you want more information about, how applicable are the suggestions to your situation?)	
7. If you did not take the Respite Care Association of Wisconsin Caregiver Training, please state why:	

Virginia Lifespan Respite Voucher Program

↻ Reimbursement Procedures ↻

To properly utilize the Virginia Lifespan Respite Voucher Program (VLRVP), please adhere to the following:

- You are responsible for selecting, hiring, training, and paying a respite care provider of your choice. Respite providers must be at least 18 years old and cannot reside in your home. You may choose to use an individual, a professional care agency, or another community based program (such as a summer camp, or other recreational organization) to provide respite care. Respite and caregiver resources are available at <http://www.vadars.org> and www.virginianavigator.org if you need help locating a provider. **DARS does not provide or arrange for respite care.**
- The VLRVP will reimburse up to \$15 per hour for individuals and \$25 per hour for agencies regardless of the respite provider's fee, not to exceed \$595. Fees greater than VLRVP allowance are your responsibility.
- Voucher funds are only available during the dates listed on your voucher and may only be used for respite care. Funds may **not** be used to reimburse household expenses or to hire care so the caregiver can go to work.
- This program allows you to pursue a reimbursement through various avenues based on your ability to afford the \$595 out-of-pocket costs. You may:
 1. Hire a provider (individual or agency) of your choice, pay them for services rendered, complete the reimbursement form and provide proof of payment to DARS. You will be reimbursed for the amount incurred (up to \$595) in one check sent via mail within 45 days.
 2. Hire a provider of your choice, pay for at least \$100 in services rendered, fill out the reimbursement form and provide proof of payment to DARS. You will be reimbursed for the amount incurred (at least \$100) in a check sent within 45 days. You can then repeat this process of requesting at least \$100 in reimbursement until you have reached the \$595 reimbursement limit. If you need more time to use all of the funds, contact DARS and an extension can be granted.
 3. Hire a licensed professional care agency that agrees to request reimbursement for services rendered on your behalf. Incur up to \$595 in respite services through this provider. Once services have been rendered, DARS will work with you and the care agency to ensure that forms are completed and then DARS will pay the professional agency directly for services rendered up to \$595. **This must be approved by DARS in advance.**
- Return your completed reimbursement packet (satisfaction survey, reimbursement form, W-9 and proof of payment) no later than 7 days after the voucher end date listed on your voucher letter.
- Reimbursement checks will be made payable to you, the primary caregiver in most instances and may take up to 45 days to arrive. You, the primary caregiver, are responsible for payment to your respite care provider. *the only exception is if you choose to work with a professional care agency to request payment for services rendered on your behalf.
- If you have existing government debt you may not receive your entire reimbursement.

If you have questions or need assistance completing this application contact: Liza White
liza.white@dars.virginia.gov (804) 662-7650 Or call toll free at: +1-800-552-3402



Virginia Lifespan Respite Voucher Program

Reimbursement Form

The Primary Caregiver is required to sign this form and is responsible for the appropriate use of funds received through this program. In addition, the Respite Provider(s) must sign this form certifying that the dates and number of hours of respite care services were rendered as described below. If both signatures are not included, we cannot process a payment reimbursement. **Proof of Payment for services rendered below must be provided with this form or else payment cannot be processed.**

	Date	Respite Provider Name	Hours worked	Rate of pay	Per (check one)	Amount
1.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
2.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
3.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
4.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
5.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
6.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
7.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
8.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
9.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
10.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
11.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
12.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
13.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
14.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
15.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
16.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
17.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
18.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
19.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
20.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
21.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0
22.				\$	<input type="radio"/> hr. <input type="radio"/> day <input type="radio"/> week	\$ 0

Total Amount	\$ 0
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↻ Reimbursement Acknowledgement ↻

I certify that the individual who provided respite services meets the following requirements:

- Is 18 years of age or older
- Is **NOT** the spouse/partner of the Primary Caregiver
- Is **NOT** the parent of the Respite Care Recipient
- Does **NOT** reside in the Respite Care Recipient's home (family members can provide respite for you, but cannot live in the same home) and
- Is **NOT** the Respite Care Recipient's regular respite care provider, unless the funding was used for additional hours beyond the normal respite care provider's schedule

I certify that the funds for which I am requesting reimbursement were used to pay for short-term respite services provided by an individual or organization selected by me to provide respite care services for the Respite Care Recipient. I accept responsibility for payment of any respite services rendered if they do not meet the requirements of the Virginia Lifespan Respite Voucher Program. I understand that if I have existing government debt, I may not receive my entire refund.

By signing below, I certify that the information I have provided on this Reimbursement Form is correct and accurate to the best of my knowledge.

Primary Caregiver Signature:	Date:
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Respite Provider Signature:	Date:
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How to apply for VLRVP Reimbursement

Email, fax, or mail the following items:

1. Completed Virginia Lifespan Respite Voucher Program Reimbursement Form
2. Completed Satisfaction Survey
3. Completed Request for Taxpayer ID Number and Certification (W-9) Form
4. **Proof of Payment (ex. paid invoice, bank statements, etc.)**

To: Virginia Lifespan Respite Voucher Program
Virginia Department for Aging and Rehabilitative Services (DARS)
1610 Forest Avenue, Suite 100
Henrico, VA 23229
Fax: 804-662-9354
Email: liza.white@dars.virginia.gov



Virginia Lifespan Respite Voucher Program

∞ Satisfaction Survey ∞

Thank you for participating in the Virginia Lifespan Respite Voucher Program (VLRVP). To assess how well the program worked for you and to plan for future respite services, we ask that you complete this survey. Your answers may help us receive future respite voucher funding. As part of the VLRVP you are required to submit this survey with your reimbursement packet. Your reimbursement will not be processed until this form is received.

1. Which type of respite provider did you use? Check all that apply.	
<input type="checkbox"/> Family	<input type="checkbox"/> Veterans Administration Services
<input type="checkbox"/> Friends/Neighbors	<input type="checkbox"/> Hospice
<input type="checkbox"/> Adult Day program	<input type="checkbox"/> Area Agency on Aging
<input type="checkbox"/> Recreational program (i.e. camp, swim)	<input type="checkbox"/> Home care agency
<input type="checkbox"/> Program at faith based community	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Overnight respite	_____

2. What type of care was provided by the respite provider? Check all that apply.
<input type="checkbox"/> Personal Care (bathing, dressing, eating, feeding, toileting)
<input type="checkbox"/> Skilled Medical Care (nursing, specialized therapists)
<input type="checkbox"/> Homemaker Services
<input type="checkbox"/> Companion Services
<input type="checkbox"/> Adult Day Services
<input type="checkbox"/> Overnight Care In-Home
<input type="checkbox"/> Overnight Care Out-of-Home
<input type="checkbox"/> Other (summer camp, therapeutic programs) _____

3. What other type(s) of paid or non-paid respite outside of the Lifespan Respite program have you used in the past year? Check all that apply.	
<input type="checkbox"/> None	
<input type="checkbox"/> Family	If yes: <input type="checkbox"/> regularly <input type="checkbox"/> a few times <input type="checkbox"/> rarely
<input type="checkbox"/> Friends/Neighbors	If yes: <input type="checkbox"/> regularly <input type="checkbox"/> a few times <input type="checkbox"/> rarely
<input type="checkbox"/> Adult Day program	If yes: <input type="checkbox"/> regularly <input type="checkbox"/> a few times <input type="checkbox"/> rarely
<input type="checkbox"/> Recreational program (i.e. camp, swim)	If yes: <input type="checkbox"/> regularly <input type="checkbox"/> a few times <input type="checkbox"/> rarely
<input type="checkbox"/> Program at faith based community	If yes: <input type="checkbox"/> regularly <input type="checkbox"/> a few times <input type="checkbox"/> rarely
<input type="checkbox"/> Overnight respite	If yes: <input type="checkbox"/> regularly <input type="checkbox"/> a few times <input type="checkbox"/> rarely
<input type="checkbox"/> Veterans Administration Services	If yes: <input type="checkbox"/> regularly <input type="checkbox"/> a few times <input type="checkbox"/> rarely
<input type="checkbox"/> Hospice	If yes: <input type="checkbox"/> regularly <input type="checkbox"/> a few times <input type="checkbox"/> rarely
<input type="checkbox"/> Area Agency on Aging	If yes: <input type="checkbox"/> regularly <input type="checkbox"/> a few times <input type="checkbox"/> rarely
<input type="checkbox"/> Home care agency	If yes: <input type="checkbox"/> regularly <input type="checkbox"/> a few times <input type="checkbox"/> rarely
<input type="checkbox"/> Other (please specify)	If yes: <input type="checkbox"/> regularly <input type="checkbox"/> a few times <input type="checkbox"/> rarely

Virginia Lifespan Respite Voucher Program

4. How did you spend your (free) time when respite care was being provided? Check all that apply.

- Sleeping/resting
- Seeking employment
- Working/going to school
- Caregiver's own medical care/appointments
- Time with significant others/family
- Recreation/Leisure time
- Caregiver support group
- Other (please specify) _____

4a. How did you benefit from the time off? If yes, how? Please explain.

4b. How did your care recipient benefit from your time off? Please explain.

5. If regular respite were available, how many hours per week of respite would you estimate the family needs:

- 0 hours per week
- 1-5 hours per week
- 6-10 hours per week
- 11-20 hours per week
- More than 20 hours per week

6. What challenges do you face in providing care? Check all that apply.

How frequently:

Financial strain	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
Conflict with school/job/lost wages/ability to retire	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
Understanding and applying for state/local respite care funding	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
Lack of Social Support (family conflict, little help)	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
Lack of caregiving skills/training (e.g. lifting and transferring)	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
If there are other reasons, what are they: _____	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always

7. What are the barriers for attaining additional respite care? Select all that apply.

- Financial (respite costs)
- Feeling overwhelmed
- Physical, medical, or other health problems (e.g., headaches, back pain)
- Lack of sleep
- Depression or anxiety
- Social Isolation
- Strain on relationship with other family members
- Loss of enjoyable activities
- No challenges
- Other: _____

8. Is there anything that you would like to add or provide feedback on?

Information Access	Rate your experience regarding the following statements:
1. The VLRVP web page was easy to locate.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
2. The program information on the web page was easy to understand.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
3. The VLRVP application documents are easy to locate on the web page.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
4. The application clearly defined what is required for the program.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree

Virginia Lifespan Respite Voucher Program

Application Process	Rate your experience regarding the following questions:
1. The application was organized in a way that was easy to navigate.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
2. The questions in the application were easy to understand.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
3. Did you contact the Program Coordinator for additional information?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip to Reimbursement Process.
3a. If yes, I received a response quickly.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
3b. If yes, they were easy to contact.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
3c. The information provided by the Program Coordinator was helpful.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree

Reimbursement Process	Rate your experience regarding the following questions:
1. Completing the reimbursement process was easy.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
2. The directions regarding valid proof of payment was easy to understand.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
2a. Did you have difficulty with procuring the valid proof?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, why: _____
3. Did you use the partial payment method of reimbursement?	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, skip to question 4.
3a. The partial payment policy was helpful in managing payments to the respite care provider.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree
4. Did you use the direct payment to agency option?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. IF yes, it was more convenient than paying upfront costs.	<input type="checkbox"/> strongly agree <input type="checkbox"/> agree <input type="checkbox"/> neither <input type="checkbox"/> disagree <input type="checkbox"/> strongly disagree

Do you feel...	
1. That because of the time you spend with your loved one that you don't have time for yourself?	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
2. Stress between caring for your loved one and trying to meet other responsibilities?	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
3. Angry when you are around your loved one?	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
4. That your loved one currently affects your relationship with family members or friends in a negative way?	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
5. Strained when you are around your loved one?	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
6. That your health has suffered because of your involvement with your loved one?	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
7. That you don't have as much privacy as you would like because of your loved one?	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
8. That your social life has suffered because you are caring for your loved one?	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
9. That you have lost control of your life since your loved ones illness?	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
10. Uncertain about what to do about your loved one?	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
11. That you should be doing more for your loved one?	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always
12. That you could do a better job caring for your loved one?	<input type="checkbox"/> never <input type="checkbox"/> rarely <input type="checkbox"/> sometimes <input type="checkbox"/> frequently <input type="checkbox"/> nearly always

Request for Taxpayer Identification Number and Certification



Section 1 - Taxpayer Identification

<input type="checkbox"/> Social Security Number (SSN) <input type="checkbox"/> Employer Identification Number (EIN) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.
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Unique Entity Identifier (UEI) (see instructions) <div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	Legal Name: _____	Business Name: _____
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Entity Type	Entity Classification	Exemptions (see instructions)
<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	Exempt payee code (if any): _____ (from backup withholding) Exemption from FATCA reporting code (if any): _____

Contact Information		
Legal Address: _____ City: State : Zip Code:	Name: _____	Email Address: _____
Remittance Address: _____ City: State : Zip Code:	Business Phone: _____	Fax Number: _____
_____ City: State : Zip Code:	Mobile Phone: _____	Alternate Phone: _____

Section 2 - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification

Printed Name:	_____
Authorized U.S. Signature:	_____
Date:	_____

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see Section 2 Certification for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Section 1 - Taxpayer Identification

Check the appropriate Tax Identification Number (TIN) type. Enter your EIN/SSN in the space provided. If you are a resident alien and you do not have and /or are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

Number (SSN)" box and enter the SSN of the sole proprietor.

e. If you are a Single-Member LLC that is disregarded as an entity, check the "Social Security Number (SSN)" box and enter the member's SSN.

Note: If an LLC has one owner, the LLC's default tax status is "disregarded entity". If an LLC has two owners, the LLC's default tax status is "partnership". If an LLC has elected to be taxed as a corporation, it must file IRS Form 2553 (S Corporation) or IRS Form 8832 (C Corporation).

Vendors are requested to enter their **Unique Entity Identifier Number (UEI)**, if applicable. See number requirement below.

Unique Entity Identifier (UEI) number requirement. The United States Office of Management and Budget (OMB) requires all vendors that receive federal grant funds have their UEI number recorded with and subsequently reported to the granting agency. If your entity is registered in SAM.gov today, your Unique Entity ID (UEI) has already been assigned and is viewable in SAM.gov

Legal Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name. If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form. If you are using a name other than that which is listed on a Social Security Card, please enter the legal entity name **as filed with the IRS.** In general, enter the name shown on your income tax return. Do not enter a Disregarded Entity Name on this line.

Business Name. Business, Disregarded Entity, trade, or DBA ("doing business as") name.

Entity Type. Select the appropriate entity type.

Sole proprietor. Enter your **individual** name as shown on your social security card on the "Legal Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business Name" line.

Partnership. A partnership is an entity reflecting a relationship existing between two or more persons who join to carry on a trade or business. Enter the partnership's entity's name on the "Legal Name" line. This name should match the name shown on the legal document creating the entity. You may enter your business, trade, or "doing business as (DBA) name on the "Business Name" line.

Trust. A legal entity that acts as fiduciary, agent or trustee on behalf of a person or business entity for the purpose of administration, management and the eventual transfer of assets to a beneficial party. Enter the name of the legal entity on the "Legal Name" line.

Estate. A separate legal entity created under state law solely to transfer property from one party to another. The entity is separated by law from both the grantor and the beneficiaries. Enter the name of the legal entity on the "Legal Name" line.

Corporation. A company recognized by law as a single body with its own powers and liabilities, separate from those of the individual members. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

S-Corporation. A corporation that is taxed like a partnership: a corporation in which five or fewer people own at least half the stock. Enter the entity's name on the "Legal Name" line and any trade or "doing business as (DBA)" name on the "Business Name" line.

C-Corporation. A business that is taxed as a separate entity: a business taxed under Subchapter C of the Internal Revenue Code and legally distinct from its owners. Enter the entity's name on the "Legal Name" line and any trade or "doing

Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

- 1 - An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2 - The United States or any of its agencies or instrumentalities
- 3 - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, agencies, or instrumentalities
- 4 - A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 - A corporation
- 6 - A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 - A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 - A real estate investment fund
- 9 - An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 - A common trust fund operated by a bank under section 584(a)
- 11 - A financial institution
- 12 - A middleman known in the investment community as a nominee or custodian
- 13 - A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

If the payment is for... THEN the payment is exempt for...

Interest and dividend payments	All exempt payees except for 7 payments
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester. **Note:** *Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.*

Enter the TIN which coincides with the 'Legal Name' provided on the form.

- If you are an individual, check the "Social Security Number (SSN)" box and enter the SSN.
- If you are a Grantor or Revocable Trust, check the "Social Security Number (SSN)" box and enter the SSN of the Grantor.
- If you are a Resident Alien, check the "Social Security Number (SSN)" box and enter your SSN or your ITIN (IRS Individual Taxpayer Identification Number).
- If you are a Sole Proprietor, check the "Social Security

business as (DBA)" name on the "Business Name" line.

Limited liability company (LLC). An LLC with at least two members is classified as a partnership for federal income tax purposes unless it files Form 8832 and affirmatively elects to be treated as a corporation. Enter the name of the partnership or corporation. An LLC with only one member is treated as an entity disregarded as separate from its owner for income tax purposes (but as a separate entity for purposes of employment tax and certain excise taxes), unless it files Form 8832 and affirmatively elects to be treated as a corporation. If you are a single-member LLC (including a foreign LLC with a domestic owner) that is **disregarded** as an entity separate from its owner, **enter the owner's name on the "Legal Name" line.** **Caution:** *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

Contact Information. Enter your contact information.

Enter your **Legal Address.** Enter your **Remittance Address.** A **Remittance Address** is the location in which you or your entity receives business payments.

Enter your **Business Phone Number.** Enter your **Mobile Phone Number**, if applicable. Enter your **Fax Number**, if applicable. Enter your **Email Address.**

For clarification on any of the fields, see www.irs.gov.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the Exemptions box, any code(s) that may apply to you. See Exempt payee code and Exemption from FATCA reporting code.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding.

institution is subject to these requirements.

- A - An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B - The United States or any of its agencies or instrumentalities
- C - A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- D - A corporation in the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)
- E - A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)
- F - A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G - A real estate investment trust
- H - A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I - A common trust fund as defined in section 584(a)
- J - A bank as defined in section 581
- K - A broker
- L - A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M - A tax exempt trust under a section 403(b) plan or section 457(g) plan

Section 2 - Certification

To establish to the paying agent that your TIN is correct, you are not subject to backup withholding, or you are a U.S. person, or resident alien, sign the certification on Form W-9.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).



COMMONWEALTH OF VIRGINIA
DEPARTMENT FOR AGING AND REHABILITATIVE SERVICES

Kathryn Hayfield
Commissioner

DIVISION FOR COMMUNITY LIVING
OFFICE FOR AGING SERVICES
1610 Forest Avenue, Suite 100
Henrico, VA 23229

Office (804) 662-9333
Toll free (800) 552-3402
TTY users dial 711
Fax (804) 662-9354

You have been approved for DARS Virginia Lifespan Respite Voucher Program! The documents below provide information you need to read and complete to receive your reimbursement:

Voucher Form
Reimbursement Form
Satisfaction Survey
Respite Care Association of Wisconsin (RCAW) Caregiver Training Survey
W-9 Form
Attached valid proof of payment (provided by you)

In order to successfully process a reimbursement the following must be completed and returned to the agency: **Reimbursement Form, Satisfaction Survey, RCAW Training Survey, W-9 Form and valid proof of payment.** The W-9 must be completed fully with your, **the primary caregiver's**, information. I have **highlighted** the sections necessary for completion. Examples of some valid proof of payment includes invoices showing payment, bank statements showing a copy of cashed checks, screenshots from money transfer apps and money order receipts. Copies of uncashed checks, or statements regarding cash payments not signed by both the caregiver and respite provider are NOT considered valid proof of payment for this program. Please note, the amount incurred on the reimbursement form and the amount listed on the proof of payment MUST be identical.

If you have questions, please give me a call at (804) 662-7650, or email me at liza.white@dars.virginia.gov.

Regards,

Liza White
Lifespan Respite Grant Voucher Coordinator
liza.white@dars.virginia.gov

Dept. for Aging and Rehabilitative Services
1610 Forest Avenue, Suite 100
Henrico, VA 23229
804.662.7650 804.662.9354 fax

Issue Date

Expiration Date

We are pleased to provide you this Voucher for respite services for _____. As a part of the Virginia Lifespan Respite Voucher Program, you are awarded this voucher totaling up to \$595 (maximum five hundred and ninety-five dollars) to help offset the cost of care for the above mentioned care recipient. Your next step is to select either an individual and/or an agency to provide respite care for _____. You are responsible for selecting, hiring, training, and paying for a respite care provider of your choice. Respite providers must be at least 18 years old and cannot reside in your home. You may use a community respite program (e.g., weekend respite program, therapeutic summer camp, adult day program).

Respite and caregiver resources can be found at www.virgininavigator.org. **DARS does NOT provide or arrange for respite care.**

Please read the following guidelines very carefully and be sure you understand them. If you need assistance with understanding the guidelines you may call Liza White at 804-662-7650 or email her your concerns at liza.white@dars.virginia.gov.

1. The Virginia Lifespan Respite Voucher Program (VLRVP) will reimburse up to **\$15 per hour for individuals** and **\$25 per hour for agencies** regardless of the respite provider's fee, not to exceed \$595. Fees greater than VLRVP allowance are your responsibility.
2. Voucher funds are only available during the dates listed on this voucher – unless otherwise specified.
3. Voucher funds may **ONLY** be used for respite care! Funds may **NOT** be used to reimburse household expenses (to go to work or other daycare already being used)
4. Submit your reimbursement request either once the amount of funds needed have been used or in partial payments. Minimum required for partial reimbursement is no less than \$100. You may use your voucher funds all at once or over several days/weekends/months.
5. Return your completed reimbursement packet once all funds have been expended or no later than 7 days after the expiration date on this voucher. **Late submissions will NOT be paid.**
6. Reimbursement checks will be made payable to you, the primary caregiver (not the respite provider) and may take up to 45 days to arrive. You, the primary caregiver, are responsible for payment to your respite care provider.
7. If you have existing government debt you may not receive your entire reimbursement.

After you have selected your respite provider you will use the Reimbursement Form (included in this packet) to record dates, number of respite hours, total amount paid and respite provider information. The Reimbursement Form must be completely filled out and signed by you, the primary caregiver, and the respite provider. You must also include valid proof of payment in order for your reimbursement to be processed. Respite services not approved as stated above will not be covered.

Your completed packet (Reimbursement Form, Satisfaction Surveys, W-9, and Proof of Payment) can be submitted via email, fax or mail.

If you have questions or need assistance completing this application, contact: Liza White
liza.white@dars.virginia.gov (804) 662-7650 or call toll free at: +1-800-552-3402