



Date

Name

Address

City State Zip

Dear Name:

Thank you for continuing as a provider for the Nebraska Lifespan Respite Network. It is time to do the annual update. Your current application ends on [Click here to enter a date](#). In order to complete the process, please follow these steps:

1. Complete the [Choose an item](#). Provider Application attached. Individual Providers, please make sure you put an **email address** on the form. We need this in order to complete the central registry background check. If you do not have an email address, please contact me as soon as possible.
2. Mail the forms to: **WCHR/Respite Program, 300 Shelton St., Chadron NE**
3. Individual Providers will need to watch for an email from [DHHS.CFSCR@nebraska.gov](mailto:DHHS.CFSCR@nebraska.gov). This email contains instructions on how to complete the Central Registry check. Please complete this process as soon as possible after you receive the email. Agency Providers and Community Organizations will not be required to complete background checks as it is assumed you provide your own background check process.
4. **All Providers** must complete the **Lifespan Respite Network Provider Orientation** located at [www.answers4families.org/classroom](http://www.answers4families.org/classroom). **This is a one-time requirement.** You will need to create an account. Login and scroll down to the Lifespan Respite Network Provider Orientation and go through all sections. There is a quiz at the end. After you take the quiz you will receive a certificate of completion. This orientation will assist with information on disabilities and also specific information on billing. (If they have completed the orientation just delete this section)

If you have any questions about the renewal process, please do not hesitate to call me at 308-432-8190 or 866-737-7483 or email me at [respite@wchr.net](mailto:respite@wchr.net).

Sincerely,

Sherri Blome  
Respite Coordinator

