



Respite Voucher Application

February 2013





Lifespan Respite Care funds through a grant from the NC Division of Aging & Adult Services.

These funds are from the Lifespan Respite Grant awarded to NC DAAS by the Administration on Aging in Washington.

Who's Eligible?

- Respite services may be provided to a family caregiver or individual who is unpaid for their caregiving duties and who is age 18 or older.
- Funds awarded by the NCRCC respite committee generally are for those persons who are not eligible for respite services elsewhere. Priority will be given to those caregivers with the greatest social and economic needs.
- Exceptions may be made for emergency respite at the discretion of the respite voucher committee.

Important Points to Remember

- This is a voucher-based (reimbursement-based) program;
- These vouchers are available for family and informal caregivers through the lifespan.
- The maximum award available per family is \$500.00.
- **These funds will only be available until August 31, 2013.**
- We will have approximately 75 vouchers to award.
- The completed application must be submitted to us through a referring agency. The referring agency must provide assurances that the applicant family is either:
 - on a waiting list for respite services,
 - is not eligible for any other respite funding source but is unable to pay privately, OR
 - has exhausted all other sources of respite funding.

IMPORTANT!!!

- The application must be fully complete, including the signed W-9 form.
- Incomplete applications will not be considered and will be returned.
- Traditional respite funding will be the first source for those needing respite and NCRCC respite assistance will not supplant other respite funding sources.

Referring Agency Responsibilities

- Provide community outreach to informal (unpaid) caregivers
- Screen applicant for need and support assuring that other funding sources are not available to pay for the needed respite
- Provide and assist unpaid family caregiver with Respite Voucher Application package of forms
- Submit completed, signed forms to NCRCC respite voucher committee
- Provide follow-up information, if requested, by respite voucher committee



The Application Form

FAMILY CAREGIVER and CARE RECIPIENT INFORMATION

Name (caregiver needing respite): _____

Date of birth: _____ County of residence: _____

Relationship to person needing care or supervision _____

Street address or P.O. Box _____

City: _____ State: __ Zip code: _____

Daytime telephone: _____ Other telephone: _____

Email address: _____

Name of person needing care or supervision [*Fill out separate application for each person needing care or supervision*]: _____

Date of birth: _____ County of residence: _____

Amount of care the family caregiver provides: _____ hours per day
_____ days per week

Does the family or care recipient have the ability to pay for care? _____

REFERRING AGENCY/INDIVIDUAL SUBMITTING RESPITE REQUEST

Individual /professional referring caregiver _____

Agency name _____

Street address or P.O. Box _____

City: _____ State: _____ Zip code: _____

Daytime telephone: _____ Other telephone: _____

Email address: _____

NC Respite Care Coalition Member: Yes No

TYPE OF RESPITE NEEDED

Emergency respite care: Yes No

Routine/ongoing respite care: Yes No

Explain: _____

THE PERSON NEEDS SUPERVISION OR CARE DUE TO ... (check those that apply)

- Developmental and/or physical disabilities: child or adult
- Child with behavioral or emotional concerns
- Is a minor grandchild being raised by a grandparent?
- Adult with Alzheimer's disease or similar memory impairment
- Adult that needs assistance with multiple activities of daily living and/or chronic diseases
- Other, please describe _____

OTHER SERVICES

Has the caregiver and/or care recipient applied for Medicaid? Yes No

Declared eligible/ineligible? _____

Is the care recipient on a waiting list for services? Yes No

If so, provide service and where: _____

Is family receiving any other paid respite care or services for this person? Yes No

List services and how they are paid for? _____

Please describe reason respite cannot be obtained through another funding source/avenue

PLANNED RESPITE CARE PROVISION

Name of paid caregiver / agency _____

Planned site of care (please provide specific contact information):

At care recipient's home _____

Residential Facility _____

Day Center _____

Licensed foster home _____

Other _____

Date(s) of care to be provided: from _____ to _____

And/or projected hours _____

Estimated cost per day _____ Number of days _____

TOTAL ESTIMATED COST (not to exceed \$500) _____

If application is approved, the North Carolina Respite Care Coalition will reimburse the family caregiver for respite care provided up to but not exceeding \$500.

Family Caregiver's Signature

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification:	
<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
<input type="checkbox"/> Exempt payee	
<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									

Employer identification number								

Part II 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 below).

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 the instructions on page 4.

Sign Here Signature of U.S. person ▶

Date ▶

Submit the completed NCRCC respite voucher application and IRS Form W-9 to:

Attention: Cindy Miles, NCRCC President
Southwestern Commission Council of Governments
125 Bonnie Lane
Sylva, NC 28779

Fax: (828) 586-1968

Email: NCRCCVouchers@gmail.com

IMPORTANT!!!

- The application must be fully complete, including the signed W-9 form.
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Community Outreach by
Providers / Partners



- Potential family caregiver screened by providers/partners
- Completed respite application and W-9 is submitted



NCRCC Respite Committee reviews applications and approves eligible grants; Notification of respite award and forms sent to approved grantees; Forms sent to approved grantees



- Family caregivers hire respite provider and receive respite service;
- Caregiver submits the Record of Service form for reimbursement



Respite reimbursement request processed and mailed



NCDAAAS conducts caregiver survey



Act Quickly!!



**These funds will only be
available until
August 31, 2013.**

QUESTIONS?

Contact Your Region's NCRCC Board Member

Kim Emory	<u>kemory@ucpcog.org</u>
Dawn Gartman	<u>dgartman@centralina.org</u>
Ginger Hill	<u>hill.ginger@swcdcinc.org</u>
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