# North Carolina Lifespan Respite Program

## Voucher Award

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<th>Issue Date:</th>
<th>Expiration Date:</th>
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Name  
Address  
City, State, Zip  

Dear ______________________:  

We are pleased to provide you this Voucher for Respite Services. The North Carolina Lifespan Respite Program has awarded you, the caregiver of ___________ (care recipient), a total of $500.00 (five hundred dollars) to help offset the cost of respite care for you, the unpaid caregiver. This voucher award is reimbursement-based. You may need to pay the bill prior to the receipt of reimbursement.

Your next step is to select either an individual and/or a provider agency to provide respite care for your care recipient.

Please read the following guidelines carefully and be sure you understand them.

1. You may hire a respite worker (not affiliated with an agency, business, or facility) to provide respite care for the care recipient named above, **as long as the person hired is not actively involved in the hands-on/direct care of the care recipient named above; does not live in the same home as the care recipient named above; and does not have Power of Attorney or guardianship for the care recipient named above**. You may choose to use a respite worker to provide all or some of the $500.00 worth of respite care authorized in this letter.

2. You may obtain respite care from a provider agency (such as an adult day program or home care agency) to provide all or some of the $500.00 worth of respite care authorized in this letter. A list of potential provider agencies may be available through your local referring agency or by visiting [www.northcarolinarespitecarecoalition.org](http://www.northcarolinarespitecarecoalition.org) and clicking “NCRCC resources for caregivers.”

3. You may use **BOTH** a private respite provider and a provider agency. In doing this, please be very careful not to exceed the total amount of the award as mentioned above. **We will not reimburse you for more than $500.00 (five hundred dollars) for respite care provided by a private respite provider or a provider agency.**

4. In the event you hire an individual to provide your respite care for the full $500.00 award and then continue to use the individual for additional respite care that you pay for yourself (or with another voucher), please be aware that certain tax regulations may apply. In the eyes of the Internal Revenue Service (IRS) if you pay an individual (not an agency) $600 or more in a calendar year, you should be prepared to report these payments to the IRS. Please consult your tax professional with any questions regarding this requirement.
5. The completed Lifespan Respite Provider Agreement and Record of Respite Services must be sent to: Pat Guarnieri, Caregiver Program Coordinator, c/o High Country Area Agency on Aging, 468 New Market Blvd., Boone, NC 28607 or by fax to (828) 265-5439
   *Note: please do not send the Respite Provider Agreement and Record of Respite Service in separate mailings. The two forms need to arrive to our office together.

After you locate a respite provider, you and the respite provider and/or provider agency staff person will use the Record of Respite Services forms included in this packet to keep a record of the dates and times respite care is provided. We cannot reimburse you for any respite services which occurred prior to the issuance date of our Respite Voucher. The form/s must be returned completely filled out in order to process your request for reimbursement. Please note: This Respite Voucher expires on _____________. You must submit your completed forms prior to ____________ in order to be reimbursed. If you do not use your full voucher within this timeframe, we will award any unexpended dollars to another eligible family.

The intent of respite care is to provide you, the unpaid caregiver, with time for restorative activities that help you “recharge your batteries.” It is our sincere desire that you remain strong and healthy for your care recipient.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Pat Guarnieri
Caregiver Program Coordinator
High Country Area Agency on Aging
Phone: 828-265-5434 x139
Fax: 828-265-5439
www.highcountryaging.org

Lifespan Respite Vouchers are brought to you by the NC Lifespan Respite Project and administered by the High Country Area Agency on Aging
North Carolina Lifespan Respite Program
Respite Care Provider Agreement

I, ____________________________, agree to provide respite care services as described below for

______________________________, through this agreement with ____________________________

(Printed Name of Care Provider) (Dollar Amount) (Printed Name of Care Recipient) (Printed Name of Caregiver)
at the rate of $_________ per ___________.

(how, day, session, etc.)

I understand that the caregiver named above and I will keep the Record of Respite Services form to show the days and
hours that respite care is provided by me, as well as the amounts paid to me. The Record of Respite Services form will
be submitted to the Caregiver Program Coordinator at the High Country Area Agency on Aging for reimbursement to
the caregiver.

I further understand that funding available to the caregiver through the NC Lifespan Respite Program is limited and is
not designed to provide an ongoing means of financial support in getting respite care services for his/her care
recipient.

Description of Respite Care Services to be provided:

__________________________________________________________________________________

(Printed Name of Respite Provider: ____________________________)

Mailing Address of Respite Provider: ______________________________________________________

City: ____________________________ State: ____________________________ Zip Code: ____________

Signature of Respite Provider: _________________________________________________________

Date: ____________________________

(Printed Name of Caregiver): __________________________________________________________

Street Address of Caregiver: __________________________________________________________

City: ____________________________ State: ____________________________ Zip Code: ____________

Signature of Caregiver: ______________________________________________________________

Date: ____________________________

Instructions: Submit this completed, signed form along with the completed and signed Record of Respite Services to:
Pat Guarnieri, Caregiver Program Coordinator, High Country Area Agency on Aging, 468 New Market Blvd., Boone,
NC 28607, or by fax to (828) 265-5439

Reimbursement cannot be processed until both forms have been completed, signed, and submitted to the
Caregiver Program Coordinator at the High Country Area Agency on Aging. Please do not send separately.

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North Carolina Lifespan Respite Program
Record of Respite Services

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<tr>
<th>Date of Service</th>
<th>Respite Provider’s Signature</th>
<th>County in Which Respite Care Occurred</th>
<th>Time Care Began</th>
<th>Time Care Ended</th>
<th>Number of Hours of Respite Care Provided this Date</th>
<th>Total Amount Paid for Respite Care this Date</th>
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TOTALS FOR THIS RECORD

Signature of Caregiver/Legally Responsible Person

Date Signed

Approved for Reimbursement – NC Lifespan Respite Voucher Fiduciary Agent

Date Signed

Instructions: Submit this completed, signed form along with the completed and signed Respite Care Provider Agreement by mail or fax:
Pat Guarnieri, High Country Area Agency on Aging, 468 New Market Blvd., Boone, NC 28607, (f) 828-265-5439

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Making Respite Time More Effective

Respite is temporary relief or time away, whether planned or emergency, from the daily obligations of providing care to a loved one. Respite has been identified as one of the most needed and desired services for family caregivers. Research suggests that respite is at least moderately effective in reducing caregiver burden and improving well-being, health, and confidence in caregiving. Some studies have also indicated that respite, when used for planned activities by the caregiver, can be better at reducing caregiver burden than respite time used for activities which were unplanned.

Set Goals to Maximize Your Respite Time

Space is provided below for you to write down one to three specific goals you would like to accomplish during your respite time. Your goals can be anything (e.g., sleeping, cleaning, going to lunch with a friend), but they must be attainable during your three-month respite timeframe. We encourage you to choose activities that:

- you have always enjoyed doing
- you did before you became a caregiver but may not have been doing lately
- have religious or spiritual meaning
- may improve satisfaction with caregiving
- may reduce the stress you might feel from caregiving

There is no right or wrong answer - this is merely a tool to help you focus on your own needs for a short time, so you may have the opportunity to recharge your batteries and catch your "second wind" for your caregiving journey.

*This information has been modified slightly from its original context located in a brochure entitled “Respite Services: Enhancing the Quality of Daily Life for Caregivers and Care Receivers,” developed by faculty members from California State University, San Bernardino and The University of Utah, June, 2010, Fourth Edition.

List one to three (1-3) goals, or things you would like to do, while receiving respite:

1. ____________________________________________

2. ____________________________________________

3. ____________________________________________

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