



MONTH XX, 2013

Caregiver Name

Address 1

Address 2

Dear Caregiver,

Congratulations on being approved for the Family-Directed Respite Voucher Program! You have been approved for up to \$XXX to use for respite care between today and XXXX 2014. You may use these funds in whichever method best suits your needs, ranging from a few hours of respite a week to a block of time/days for extended respite.

Please fill out and return the Program Expectations form and Family Respite Plan included in this packet. Also, you must complete and return a Respite Provider Information (RPI) form on each respite provider you choose to hire. Your respite provider **must** be at least 18 years old, live in a separate household from you and your loved one, and have no felony or sex offense convictions.

Also included in this packet are red vouchers. The Tennessee Respite Coalition reimburses based on an approved voucher only. After respite is provided, please record the dates and times that it occurred, rate of pay, and brief notes by **both you (the caregiver) and your respite provider** about how each of you spent the time. The voucher must be signed by both of you and then returned to our office by mail because original signatures are required for reimbursement. Reimbursement for vouchers received in our office by the end of each month will be mailed out by the end of the following month.

Again, **you have until the end of XXXX 2014 to use these funds and request reimbursement from our office.** You may then reapply for the next funding period.

Once the program begins, you can expect:

- Follow-up phone calls from TRC staff
- A Respite Information Survey to complete
- Educational information about the TRC

If you have any questions, please contact me at (615) 269-8687. Thank you, and I hope you enjoy your time to take care of yourself!

Sincerely,

Lindsey Stewart
Program Coordinator