Process Checklist

☐ Received Application
  ☐ Proof of Primary Caregiver’s Address
  ☐ Income Verification
  ☐ Medical Expense Verification (if any)
  ☐ Modified Caregiver Strain Index

☐ Make a Folder
☐ Calculate the Cost Share
☐ Enter Data into voucher Database

☐ Phone Call to Primary Caregiver
  ☐ Other Funding Source(s) ____________________________
  ☐ Amount They Will Be Allowed _______________
  ☐ Three Months to Use ____________________________
  ☐ Cost Share Amount/How That Works ____________________________
  ☐ Individual or Agency
    ☐ Individual Respite Provider MUST be at Least 18 Years of Age
    ☐ Individual Respite Provider CANNOT Live in the Same Household as the Care Recipient
    ☐ Liability for Respite Provider
  ☐ Explanation of Voucher
    ☐ Reimbursement Minus Cost Share
    ☐ Filling it Out
    ☐ Record Caregiver Activity during Respite
    ☐ Must Return Survey with Voucher
    ☐ Must Return Caregiver Stress Index #2 with Voucher
  ☐ Written Award Letter/Respite Packet will Follow
    ☐ Letter
    ☐ How to Make the Most of Respite
    ☐ Tips on Hiring a Respite Provider
    ☐ Vouchers
    ☐ Satisfaction Survey
    ☐ Powerful Tools Info Sheet
    ☐ Caregiver Strain Index for after Respite
  ☐ Option of Powerful Tools Class
  ☐ Respite Website/How to Use

☐ Received Voucher Reimbursement Form(s)
  ☐ Filled Out Properly
  ☐ Survey Returned
  ☐ CSI #2 Returned

☐ Calculate Reimbursement
☐ Process Check Request
☐ Mail Check

☐ Three Month Follow Up

Initial items sent:
- Application
- Mod. CSI
- Income Scale