

Application for Lifespan Respite Voucher

Please print	Unpaid Family Caregiver <i>(family, friend, or neighbor)</i>	Individual in Need of Care
Caregiver Name: _____	_____	_____
Prefers to be called: _____ <i>(e.g. first name, or "Mrs. ___")</i>	_____	_____
Age <i>(to offer resources.):</i> _____	_____	Age: _____ Birth Date: <u> </u> / <u> </u> / <u> </u>
Street Address: _____	_____	<input type="checkbox"/> Same as caregiver
Mailing Address: _____ <input type="checkbox"/> Preferred method of contact	_____	_____
City/Town: _____	_____	_____
Zip Code: _____	_____	_____
Home County: _____	_____	_____
Phone Number: _____ <input type="checkbox"/> Preferred method of contact	_____	_____
Alternate Phone: _____ <input type="checkbox"/> Preferred method of contact	_____	_____
Email: _____	_____	_____

Caregiver's relationship to person needing care: _____

I provide care, supervision, and/or monitoring **40 or more hours** per week. Yes No

Where did you learn about this program *(website, organization, etc.)?* _____

Name of individual who **referred** you: _____

Contact information: _____

May we contact the above individual for additional information? Yes No

Name(s) of others I authorize to facilitate a respite voucher for me (case managers, referents, family members who may speak on my behalf): _____

Please tell us the reason you feel you need respite as an unpaid family caregiver. _____

This application is true and accurate. I have had the opportunity to review the instruction page accompanying it. Respite services will not be paid for without prior authorization by Easter Seals Washington (ESW) through a Family Caregiver Agreement.

Signature: _____ (Date) _____

Printed Name: _____





Caregiver Application Instructions/Qualifications, *continued*

Please tell us a little more about yourself and your loved one. The information provided will not be associated with your name in any reports to the funder. It will not affect decisions made about eligibility but it may help the program gain additional funding.

The individual I provide care/supervision for has (check all that apply):

- Checkboxes for: A physical disability, An emotional or behavioral concern, Mental health condition, Medical support needs, An intellectual / developmental disability, A memory condition, Another diagnosis, Assistance needs with one or more activities of daily living.

What, if any, diagnoses exist? _____

The person cared for is receiving an in-home or out-of-home service through a formal service such as MPC, COPES, VA, etc. (Reference instructions, #10.) [] No [] Yes

If yes, name of program: _____

I (the caregiver) receive respite care through a formal or public system such as the DDA, VA, FCSP, etc. (Reference instructions, #9.) [] No [] Yes

If yes, name of program: _____

CAREGIVER Marital Status:

- Checkboxes for: Married / committed partner in household, Divorced / Separated, Single, Widowed

CAREGIVER Income - circle the appropriate income range:

- Income ranges: (1) \$0 - \$9,999, (2) \$20,000 - \$29,999, (3) \$40,000-\$49,999, (4) \$60,000 - 69,999, (5) 10,000 - \$19,999, (6) \$30,000 - \$39,999, (7) \$50,000 - 59,999, (8) \$70,000 and up

CAREGIVER:

CARE RECEIVER:

Home Location:

- Checkboxes for: Rural, Suburb Small City, Urban

- Checkboxes for: Rural, Suburb, Urban

Ethnicity: (Check all that apply.)

- Checkboxes for: Hispanic, Latino

- Checkboxes for: Hispanic, Latino

Race: (Check all that apply.)

- Checkboxes for: African American / Black, American Indian / Alaska Native, Asian, Native Hawaiian / Pacific Islander, White / Caucasian, Mixed Race

- Checkboxes for: African American / Black, American Indian / Alaska Native, Asian, Native Hawaiian / Pacific Islander, White / Caucasian, Mixed Race

Military Service:

- Checkboxes for: I am on active duty or a veteran.

Thank you for your help!



Eligibility Information

Welcome to the **Lifespan Respite Washington Voucher Program**, that began on March 14, 2014! This application offers a resource for unpaid family caregivers who have no access to respite care and other supports through current systems. Please check out the eligibility requirements on page 3 of this document, then submit your application accordingly.

The goal of this respite voucher pilot project is to show community members and policy makers just how valuable respite is in reducing social, economic, and health problems to all caregivers, thereby keeping family members together. We will also be able to offer a glimpse into respite for our policy-makers, complete with its successes and challenges. Thanks to continued federal funding* from the U.S. Administration for Community Living, Administration on Aging.

Instructions. As indicated, attached is the application for the program. Please fill it out and return it as soon as possible. If you provide care to more than one care receiver, on the application, simply print out page two for each care receiver/family member; however, as a general rule there will be only one award granted per household. You may **fax, email, or postal mail** your application, as noted:

Email/scan: info@wa.easterseals.com

FAX: 206.284.0938

Postal mail: Easter Seals Washington
ATTN: LRW Project Coordinator
200 West Mercer Street, Suite 210E
Seattle, WA 98119

Questions: 1.800.678.5708, ext. 108 (*Messages are date/time-stamped.*)

Unpaid Family Caregiver Qualifications to Receive a Respite Voucher. It is possible that caregivers of individuals who need support with personal care, supervision, and monitoring, will find themselves in need of respite (or short breaks) from time to time, no matter the age, condition, or geographical region in Washington State. The purpose of this federal pilot grant is to meet planned respite needs for unserved and unpaid family caregivers. Respite for “caregivers” through respite provider agencies (RPA)—but not individual providers—must meet the following criteria for the caregiver service population:

1. The **unpaid** family caregiver provides care for a family member, friend, or neighbor (broadening the definition of “family”); both live in Washington State.
2. The caregiver provides care for **40 hours or more per week**, including supervision, monitoring, meeting personal needs (e.g., transportation or errands) or direct personal care.
3. The family member providing the care/supervision for the child or adult with a special need is **not paid for their services**.
4. The care receiver is of **any age** from across the lifespan.

*Grant #90LR0036-01-00, “Building Integrated and Sustainable Lifespan Respite Care Programs”, administered through the Washington State Aging & Long-Term Support Administration, AL TSA. AL TSA contracts with Easter Seals Washington as host to the Lifespan Respite Washington coalition and its voucher project.

5. The needed respite care is **not emergent** (crisis-related); some time needs to be allowed for planning the respite event/episode.
6. The caregiver may not sign up for respite with a provider agency without **first being notified in writing** by Lifespan Respite Washington/Easter Seals Washington.
7. The care receiver has a “**special need**”.
8. The family is not the recipient of in-home or out-of-home services through other **publicly-funded** programs that give caregivers a break, such as those provided through the Veterans Administration (VA), Community Options Program Entry System (COPEs), Developmental Disabilities (DD) Waiver, Family Caregiver Support Program, or the like.

However, the family caregiver can receive a respite voucher if the caregiver is on a wait list and **not scheduled to receive services** from a formal respite care program **by September 2014**.
9. The caregiver are applying for this no-cost program because they **do not typically have the means by which to pay** for respite services independent of this program. They will need to provide generalized family income on their application.
10. Caregivers are **not guaranteed** the maximum number of dollars available; some may receive smaller vouchers based on the type of respite requested.
11. Caregivers must agree to work **with authorized Respite Provider Agencies (RPA)**. Individual (independent) providers—including other family members, friends, or registered providers—may not be used for this respite voucher system. However, some areas in the state may not have a contracted provider. Efforts may be made to contract with this agency if they meet eligibility requirements and time constraints.
12. Vouchers will be awarded fit the grant requirements, which could be on a first-come, first-served basis, according to geography, or other factors. Criteria for awards and use of the vouchers are subject to change to best meet the needs of a varied group of caregivers.

SPECIAL NEED: As described by the Lifespan Respite Act of 2006, “special need” means:

Adult. An individual 18 years of age or older who requires care or supervision to:

1. Meet the person’s basic needs;
2. Prevent physical self-injury or injury to others; or
3. Avoid placement in an out-of-home, long-term care setting.

Child. An individual less than 18 years of age who requires care or supervision beyond that required of children generally to:

1. Meet the child’s basic needs; or
2. Prevent physical injury, self-injury, or injury to others.

For additional and/or updated information about this respite voucher system (definitions, selected/contracted respite provider agencies, other helpful links and information), please check out the website, www.lifespanrespitewa.org. If you do not have access to the internet and no-one to print it off for you, please contact the Lifespan Respite Project Coordinator at 1.800.678.5708 (ext. 108) to request written information.

