LRBI Respite Expansion Grant 2011/2012
APPLICATION

Respite Applicant/Primary Caregiver ____

Physical Address______________________________ City________________State____ Zip________

Mailing Address ______________________________ City________________State____ Zip________

County of Residence ___________________________ E-Mail______________________________

Home phone ____________________Cell ____________________ Work phone__________________

Age: _____ Sex: M F Ethnicity: __African American __Caucasian __Hispanic __Multiracial __Native American __Other (Specify)______

Household Income Category: Under $25,000 $25,000-$50,000 $50,001-$75,000 $75,001-$100,000 Over $100,000

How did you hear about us?

Number of family members in Caregiver's household: _______Adults _______Children (under age 18)

Please list everyone in your household and complete for each person in your home:

First name	***Last name***	***Gender***	***Age***	***Ethnicity (Please circle)***	***Special Care Need?***
		M F		African American Native American Caucasian Hispanic Multi-Racial, Other	YES NO
		M F		African American Native American Caucasian Hispanic Multi-Racial, Other	YES NO
		M F		African American Native American Caucasian Hispanic Multi-Racial, Other	YES NO
		M F		African American Native American Caucasian Hispanic Multi-Racial, Other	YES NO
		M F		African American Native American Caucasian Hispanic Multi-Racial, Other	YES NO

Attach additional sheet, if necessary

RESPITE NEED - PERSON BEING CARED FOR:

Name____________________________________ Age _____ Living with Applicant/Primary Caregiver? Y N

Physical Address______________________________ City________________State____ Zip________

Age: _____ Sex: M F Ethnicity: __African American __Caucasian __Hispanic __Multiracial __Native American __Other (Specify)______

Major Disabling Condition: __Intellectual Disability __Mental Illness __Neurological Impairment __Low Vision/Blindness ___Orthopedic Impairment ___Deafness/Hearing Impairment __Traumatic Brain Injury __Serious Emotional Disturbance ___Developmental Disability ___ Multiple Disabilities ___Autism ___Medically Fragile ___Dementia ___Alzheimer's ___Frail Elderly ___Other (Please Specify) ______________________________

Assistance/Supervision Needed for: __ *eating/feeding* __ *bathing & hygiene* __ *toileting, bowel & bladder care* __ *dressing & grooming* __ *transferring* ___ *standing & walking* ___*medication reminders* __*transportation* __ *meal preparation* __ *necessity shopping* __ *light housekeeping* __ *medical escort* __ *communication* ___ *other (please specify)*______________________________

**** Applications will not be approved without documentation of condition/disability****

**** Documentation must be within the past two years ****

APPLICATION CONTINUES ON REVERSE SIDE

ACKNOWLEDGEMENTS:

Please read and initial each item below. Sign and date form before submitting application.

_______I attest that the information included in this application is true and complete. I understand that any falsification of information will result in the termination of services.

_______I attest that I have read and understand the LRBI Respite Expansion Grant Program policies and procedures. I agree to abide by the guidelines and provisions set forth. I understand my signature below authorizes a release of information, for program purposes only.

_______I will use all funds paid to me through the LRBI Respite Expansion Grant to compensate respite workers or respite programs for respite services that have been provided to me during the grant period. I understand that these funds cannot be used for any other purpose.

_______I acknowledge that I am responsible hiring the respite worker(s) of my choice and paying for respite services I received. Voucher funding is provided only on a reimbursement basis. I am also responsible for any amount over the voucher limit, currently at $600/year.

_______I will submit vouchers requests monthly and submit all voucher requests by August 31, 2012. Any unspent portion of my respite voucher may be forfeited if I have not made prior arrangements for my planned use of voucher funds.

_______I agree to complete and return the required pre- and post-respite surveys and assessments. Final voucher requests for reimbursement will not be processed until the required paperwork is submitted.

_______I understand that I am responsible to provide any training or instruction that the respite worker(s) of my choice may need to provide care. I am responsible for negotiating the rate of pay for respite services.

Give Me A Break, Inc., RAVE Family Foundation, Nevada Aging & Disability Services Division, and the Lifespan Respite Balancing Initiative (LRBI) will operate the grant program that provides funding to pay for respite services, but will not be providing those services directly or indirectly. The applicant recognizes and agrees that these entities are not liable for any damages that may result from the services received, and holds them harmless from the same.

______________________________ ______________________

Applicant/Caregiver's Signature Date

____

Print Name

Mail this form with required documentation to:

☐ Give Me a Break, Inc.
P.O. Box 620721
Las Vegas, NV 89162-0721
Phone 702-898-2216
Fax 702-248-4739

☐ RAVE Family Foundation
P. O. Box 2072
Sparks, NV 89432
Phone 775-787-3520
Fax 775-356-8357

Acceptable Documentation:

Doctor's Record of Diagnosis for Disability/Condition
Social Security Administration Letter of Determination for Disability Benefits
School District Special Education Eligibility/Individualized Educational Program
DETR/Vocational Rehabilitation Statement of Qualifying Disability
Long-Term Disability Insurance Statement of Eligibility for Benefits
Medicaid Eligibility/Medical Assistance for the Aged, Blind and Disabled

OFFICE USE ONLY Please do not write in this box ☐ **Complete** ☐ **Missing** _______________

Date Received: ______________________ ***Priority Rating:*** ______________________ ***Processed By:*** ___________________

Award Approved: ____________________ Award Letter Sent: ______________________ Data Entered: ____________________