Programs Serving Multiple Age Groups

Some federal funding sources support the use of respite care for both children (generally under the age of 18) and adults, including the aging population. The aging population may not be explicitly stated as eligible, but they are not excluded from eligibility in the programs included in this section.

Several federal block grants may be a source of funding for respite for children or adults:

- **Community Mental Health Services Block Grant**,  
- **Community Development Block Grant (CDBG)**,  
- **Social Services Block Grant (SSBG)**.

States have a great deal of flexibility in administering block grants. The last two programs—the Social Services and Community Development Block Grants—focus on providing services for low-income and vulnerable populations, but few other restrictions apply.

The Community Mental Health Services Block Grant is restricted to serving individuals with mental health conditions. In addition, the following discretionary grant programs are focused on a specific disability population, which may span across ages:

- **Developmental Disability Councils Programs** under the Developmental Disability Assistance and Bill of Rights Act (DD Act) of 2000;  
- **Centers for Independent Living (CIL)** under the Rehabilitation Act of 1973 for individuals with significant disabilities who need assistance to live independently in the family or community; and  
- **HIV Care Formula Grants** and **HIV Emergency Relief Projects Grants** designed to provide assistance to individuals with HIV/AIDS.

**Supplemental Security Income (SSI)**, administered by the Social Security Administration, provides direct cash assistance to the aging population as well as children and adults who have severe visual impairments or other disabilities. Individuals or families may use this cash assistance to pay for respite.

Several programs administered by the Corporation for National and Community Service have the potential to provide volunteers who may provide respite for certain populations of family caregivers:

- **National Senior Service Corps**:  
  - Senior Companion Program (SCP),  
  - Foster Grandparent Program (FGP),  
  - Retired and Senior Volunteer Program (RSVP), and

- **AmeriCorps**

**Aging and Disability Resource Centers (ADRCs)** are required partners in Lifespan Respite Programs and support respite in various capacities in partnership with Lifespan Respite systems.

The **National Family Caregiver Support Program (NFCSP)** provides respite funding that specifically addresses respite for caregivers (55 or 60 and older) of children, adults, and the aging population.

The **Lifespan Respite Care Program**, described in detail in the preface, has as its primary purpose the coordination of all federal and state respite funding streams in order to improve access to respite for all family caregivers regardless of the age or disability of the care recipient.
Community Development Block Grant (CDBG)

Authorizing legislation:
Title 1 of the Housing and Community Development Act of 1974, P.L. 93-383, as amended.

Program purpose:
To enable local governments to undertake a wide range of activities intended to create suitable living environments, provide decent affordable housing, and create economic opportunities, primarily for persons with low and moderate income.

Beneficiaries:
The principal beneficiaries of CDBG funds are low- and moderate-income persons (generally defined as a member of a family having an income equal to or less than the Section 8 low-income limit established by the Department of Housing and Urban Development [HUD]). The recipient must certify that at least 70% of the grant funds received during a 1-, 2-, or 3-year period, which it designates, are expended for activities that will principally benefit low- and moderate-income persons.

Funding:
HUD, which administers the block grant, determines the amount of each grant by using a formula that includes several measures of community need—the extent of poverty, population, housing overcrowding, age of housing, and population growth lag in relationship to that of other metropolitan areas. CDBG Entitlement Communities Grants provide annual grants on a formula basis to entitled cities and counties. To receive its annual CDBG entitlement grant, a grantee must develop and submit its Consolidated Plan to HUD.

Congress amended the Housing and Community Development Act of 1974 (HCD Act) in 1981 to give each state the opportunity to administer CDBG funds for non-entitlement areas. Non-entitlement areas include those units of general local government that do not receive CDBG funds directly from HUD as part of the CDBG Entitlement Program (Entitlement Communities). Non-entitlement areas are cities with populations of less than 50,000 (except cities that are designated principal cities of metropolitan statistical areas) and counties with populations of less than 200,000.

Activities supported by the funding:
CDBG funds may be used for activities that include, but are not limited to

- acquisition of real property;
- relocation and demolition;
- rehabilitation of residential and nonresidential structures;
- construction of public facilities and improvements, such as water and sewer facilities, streets, neighborhood centers, and the conversion of school buildings for eligible purposes;
- public services, within certain limits;
- activities relating to energy conservation and renewable energy resources; and
- provision of assistance to profit-motivated businesses to carry out economic development and job creation and job retention activities.

Respite connection:
Respite is not specifically mentioned, but funding is allowable as a public service.
**Issues for consumers, providers, and advocates:**
A grantee must develop and follow a detailed plan that provides for and encourages citizen participation and that emphasizes participation by persons of low or moderate income, particularly residents of predominantly low- and moderate-income neighborhoods, slum or blighted areas, and areas in which the grantee proposes to use CDBG funds. The plan must

- provide citizens with reasonable and timely access to local meetings, information, and records related to the grantee’s proposed and actual use of funds;
- provide for public hearings to obtain citizen views and to respond to proposals and questions at all stages of the community development program, including at least the development of needs, review of proposed activities, and review of program performance;
- provide for timely written answers to written complaints and grievances; and
- identify how the needs of non–English-speaking residents will be met in the case of public hearings in which a significant number of non–English-speaking residents can be reasonably expected to participate.

**Federal funding agency:**
U.S. Department of Housing and Urban Development, Office of Community Planning and Development

**Eligible entity:**
For entitlement grants, entities eligible for annual grants are

- principal cities of metropolitan statistical areas (MSAs).
- other metropolitan cities with populations of at least 50,000, and
- qualified urban counties with populations of at least 200,000 (excluding the population of entitled cities).

For non-entitlement grants, the eligible agency is the state.

**Points of contact:**
U.S. Department of Housing and Urban Development (HUD)
Office of Community Planning and Development
451 7th Street SW, Room 7282
Washington, DC 20410
Phone: 202-402-3416; fax: 202-401-2044

HUD Regional Field Offices can be found at: https://www.hudexchange.info/manage-a-program/cpd-field-office-directory

CDBG contacts by state can be found at: http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/programs/contacts

**Related links:**
Catalog of Federal Domestic Assistance: Community Development Block Grants.
https://www.cfda.gov/index?s=program&mode=form&tab=step1&id=5db773b6a126b4f84884a423f66e9576
U.S. Department of Housing and Urban Development, State Community Development Block Grant Program.

References:
U.S. Department of Housing and Urban Development, CDBG Laws and Regulations.
https://www.hudexchange.info/community-development/cdbg-laws-and-regulations
Social Services Block Grant (SSBG)

Authorizing legislation:
Title XX of the Social Security Act, as amended.

Program purpose:
To furnish social services best suited for meeting the needs of the individuals residing within each state.

Services funded are directed at one or more of five goals:

- achieving or maintaining economic self-support to prevent, reduce, or eliminate dependency;
- achieving or maintaining self-sufficiency, including reduction or prevention of dependency;
- preventing or remedying neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating, or reuniting families;
- preventing or reducing inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care; and/or
- securing referral or admission for institutional care when other forms of care are not appropriate or providing services to individuals in institutions.

Beneficiaries:
Under Title XX, each eligible jurisdiction determines the services that will be provided and the individuals who will be eligible to receive services.

Funding:
This is a block grant. Funding is authorized in the amount of $1.7 billion per fiscal year.

Activities supported by the funding:
Services provided may include, but are not limited to,

- daycare for children or adults,
- protective services for children or adults,
- special services for persons with disabilities,
- adoption,
- case management,
- health-related services,
- transportation,
- foster care for children or adults,
- substance abuse treatment,
- housing, home-delivered meals,
- independent/transitional living,
- employment services, or
- other social services found necessary by the state for its population.


**Respite connection:**

Respite and crisis care are accepted Social Services Block Grant (SSBG) services and could be related to any of the five program goals listed above.

Specifically for individuals with disabilities, the SSBG program provides flexible funds that states can use to maximize the potential of persons with disabilities; help alleviate the effects of physical, mental, or emotional disabilities; and enable people to live in the least restrictive environment possible. Component services or activities include:

- personal and family counseling,
- respite care,
- family support,
- recreation,
- transportation,
- assistance with independent functioning in the community,
- training in mobility and communication skills,
- training in the use of special aids and appliances, and
- self-sufficiency skills development.¹

During Federal FY 2012, 21 states reported spending approximately $308 million in SSBG funds (11% of all SSBG expenditures) for services for individuals with disabilities, down from $375 million in 2008. The number of recipients of these services decreased from 1.3 million in 2005 to 891,800 individuals (31% children, 69% adults) in FY 2012. At the same time, expenditures for individuals with disabilities remained the third largest of all service categories in Federal FY 2012.²

Great variability exists among States that reported any SSBG expenditures for services for individuals with disabilities. As a percentage of their total SSBG expenditures used for this purpose, the range was from zero to 62%. Four states used more than 25% of their total SSBG expenditures for special services for individuals with disabilities—Montana (62%), Georgia, (53%), California (45%), and Iowa (42%).³

SSBG expenditures accounted for 66% of the total expenditures for adult day care services, 49% of the total expenditures for special services for youth at risk, and 46% of the total expenditures for adult protective services.

Most relevant to respite are home-based services which accounted for $155 million in SSBG expenditures by 31 states. Four States reported using more than 25% of their SSBG expenditures for this service—Illinois (49%), New Hampshire (34%), South Dakota (27%), and Texas (26%). Approximately 255,000 individuals (29% children, 71% adults) benefited from home-based services funded by the SSBG program.

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² Ibid.

³ Ibid.


**Example:** The Indiana Family and Social Services Administration (FSSA), Division of Aging uses the Social Services Block Grant (SSBG) to fund a number of different in-home, community-based, and facility-oriented services targeted for low-income older adults and persons with disabilities, including adult day services and respite. Respite can include in-home respite (personal care, homemaker, and others), respite provided by attendance of the client at a senior center or other non-residential program and institutional respite which is provided by placing the resident in a non-institutional setting such as a nursing facility for a short period of time as a respite service for the caregiver, or a summer camp in the case grandparents caring for children.

*Source:* Indiana Family and Social Services Administration, *Social Services Block Grant.*
http://www.in.gov/fssa/da/3471.htm

**Example:** The two major funding streams used for in-home respite services in Missouri are Medicaid and the Social Services Block Grant/General Revenue. Respite is defined as providing temporary relief for the caregiver of a dependent adult and includes 1) Basic – provided to participants with non-skilled needs; 2) Advanced - provided to participants with special care needs requiring a higher level of oversight; and 3) Nurse - provided to participants with skilled nursing needs.

*Source:* Missouri Department of Health & Senior Services. In-Home Services Proposal Packet,
http://health.mo.gov/seniors/hcbs/ihssproposalpackets.php

**Issues for consumers, providers, and advocates:**
States receive these funds with few strings attached. The annual allotments are noncompetitive, there is no required match, and the funds may be used to support public agencies or to contract with private service providers. Client eligibility is not restricted, and service provider qualifications are flexible.

**Federal funding agency:**
U.S. Department of Health and Human Services, Administration for Children and Families.

**Eligible entity:**
States.

**Points of contact:**
A list of SSBG state officials and program contacts can be found on the U.S. Department of Health and Human Services website.

**Related links:**
Catalog of Federal Domestic Assistance: Social Services Block Grant.
https://www.cfda.gov/index?s=program&mode=form&tab=core&id=e6579a9c07c3fc07fc67f39e649c4a17

U.S. Department of Health and Human Services: *Social Services Block Grant (SSBG) Program.*
http://www.acf.hhs.gov/programs/ocs/programs/ssbg

**References:**
Community Mental Health Services Block Grant

Authorizing legislation:
Title XIX, Part B, Subpart I and III of the Public Health Service Act, as amended by The Children’s Health Act of 2000, P.L. 106-310.

Currently authorized through:
September 30, 2003. Congress has continued to appropriate funds annually for this program.

Program purpose:
To assist states in carrying out a plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance.

Beneficiaries:
Adults with a serious mental illness and children with a serious emotional disturbance.

Funding:
These grants are awarded under a complex formula, with a minimum allocation based on 1998 funding levels.

Activities supported by the funding:
- Mental health services, which must be provided only through appropriate, qualified community programs.
- Up to 5% of grant funds may be used for administering the funds.
- Funds may not be used for inpatient services, for cash payments to intended recipients of health services, or for provision of financial assistance to any entity other than a public or nonprofit private entity.

Respite connection:
Funding for respite and crisis care may be included as support services for children’s mental health services, crisis prevention and early intervention services, and crisis intervention services as part of state’s comprehensive mental health service plan.

Issues for consumers, providers, and advocates:
States are required to submit an application that contains a state plan that describes comprehensive community mental health services for adults with a serious mental illness and children with a serious emotional disturbance, an implementation report that describes state progress in implementing the plan for the preceding year, recommendations from the State Mental Health Planning Council, a report on expenditures of the preceding fiscal year’s block grant funds, a report on maintenance of effort, and agreements signed by the chief executive officer of the state. Consumers and family members must comprise at least 51% of this Planning Council.

Federal funding agency:
U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

Eligible entity:
State mental health agencies.
**Points of contact:**
Contact information for each state’s mental health agency.
http://www.samhsa.gov/grants/block-grants/contacts

**Related links:**
Catalog of Federal Domestic Assistance: Block Grants for Community Mental Health Services.
https://www.cfda.gov/index?s=program&mode=form&tab=step1&id=d6d364841a352bedfcef4a4e2030f08a

**References:**

http://www.mentalhealthamerica.net/sites/default/files/How_State_Mental_Health_Agencies_Use_the_Community_Mental_Health_Services_Block_Grant_to_Improve_Care_and_Transform_Systems.pdf

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. *Community Mental Health Services Block Grant.*
http://www.samhsa.gov/grants/block-grants/mhbg

Developmental Disabilities Councils

**Authorizing legislation:**

**Currently authorized through:**
September 30, 2007. Congress has continued to appropriate funds annually for the DD Act.

**Program purpose:**
To develop plans to establish and improve services for individuals with developmental disabilities through systems change.

**Beneficiaries:**
Basic program benefits individuals with developmental disabilities. Developmental disability is defined as a severe chronic disability of an individual that is attributable to mental, physical, or a combination of impairments; that is manifested before age 22; that is likely to continue indefinitely; that results in substantial functional limitations in three or more major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency); and that reflects an individual’s lifelong need for services. Infants and children from birth to age 9 inclusive are included if they have a developmental delay or condition with a high probability of resulting in developmental disabilities if services are not provided.

**Funding:**
State councils receive formula grants based on state population, the extent of needs for services for individuals with developmental disabilities, and the financial need of the state.

**Activities supported by the funding:**
The focus is on changing systems rather than on providing direct services.

**Respite connection:**
In many states, the Councils help develop and maintain provider networks, but they have only limited funds to pay respite providers. In some cases, councils have provided start-up funds to develop new respite programs, temporary emergency funds to help respite providers stay in business, or support for state respite coalitions and their activities.

**Example:** The Alabama Lifespan Respite Network used grant funds from the Alabama Developmental Disabilities Council to expand its *Sharing the Care* respite initiative into four areas of Alabama: Mobile, Montgomery, Selma, and Dothan. *Sharing the Care* is a proven grassroots effort to expand Alabama Lifespan Respite’s mission “to increase access to and availability of quality respite services for caregivers in Alabama.” The project brings together an advisory council of volunteers in localized areas who are interested in working together to expand the community’s respite resources.

**Source:** Alabama Lifespan Respite Network, Sharing the Care.
http://alabamarespite.org/index.php/get-involved/sharing-the-care
**Issues for consumers, providers, and advocates:**
States submit 5-year plans describing other federally funded programs that provide services to individuals with developmental disabilities; the extent to which such individuals are helped by existing programs; and plans for advocacy, capacity building, and systemic change related to unmet needs of those individuals.

At least 60% of the Council must consist of individuals with developmental disabilities, parents or guardians of children with developmental disabilities, or immediate relatives or guardians of adults with mentally impairing developmental disabilities who cannot advocate for themselves.

**Federal funding agency:**
U.S. Department of Health and Human Services, Administration for Community Living, Administration on Disabilities, Administration on Intellectual and Developmental Disabilities

**Eligible entity:**
Designated state agency.

**Points of contact:**
An interactive map providing links to each state’s Council can be found on the National Association of Councils on Developmental Disabilities website. [http://www.nacdd.org/state-dd-councils/state-councils-contact-info/](http://www.nacdd.org/state-dd-councils/state-councils-contact-info/)

**Related links:**
Catalog of Federal Domestic Assistance: Developmental Disabilities Basic Support and Advocacy Grants. [https://www.cfda.gov/index?s=program&mode=form&tab=core&id=d70981b6defbb7f6755f92a5aa8f9c89](https://www.cfda.gov/index?s=program&mode=form&tab=core&id=d70981b6defbb7f6755f92a5aa8f9c89)

**References:**

Centers for Independent Living (CILs)

**Authorizing legislation:**

**Currently authorized through:**
September 30, 2020

**Program purpose:**
To provide independent living (IL) services to individuals with significant disabilities to help them function more independently in family and community settings by developing and supporting a statewide network of Centers for Independent Living (CILs).

**Beneficiaries:**
Individuals with significant disabilities, as defined in Section 7 of the Rehabilitation Act and 34 CFR 364.4 of the IL program regulations. This refers to an individual with a severe physical, mental, cognitive, or sensory impairment whose ability to function independently in the family or community or whose ability to obtain, maintain, or advance in employment is substantially limited and for whom the delivery of IL services will improve the ability to function, continue functioning, or move toward functioning independently in the family or community or to continue in employment.

**Funding:**
Competitive, discretionary grants are awarded on a formula based on population and availability of funds.

**Activities supported by the funding:**
At a minimum, centers funded by the program are required to provide the following five IL core services: information and referral; skills training; peer counseling; Individual and systems advocacy; and services that facilitate transition from nursing homes and other institutions to the community, provide assistance to those at risk of entering institutions, and facilitate transition of youth to postsecondary life. Centers also may provide other services necessary to improve the ability of individuals with significant disabilities to function independently in the family or community and/or to continue in employment.

Establishment and operation of CILs that offer a combination of services, including independent living core services such as:

- information and referral services,
- training in independent living skills,
- peer counseling,
- individual and systems advocacy,
- services that facilitate transition from nursing homes and institutions to the community, provide assistance to those at risk of entering institutions, and facilitate transition of youth to postsecondary life, and
- other appropriate independent living services.
*Respite connection:*  
Respite is not specifically mentioned as an allowable activity under this legislation. However, Title II of the Act includes in its discussion of “covered activities” demonstration and other projects that “maximize the full inclusion and integration into society, employment, independent living, family support, and economic and social self-sufficiency of individuals with disabilities.” Respite is often included in the category of family support in federally funded programs.

Instructions for completion of an annual performance report required of CILs specifically state that family services necessary for improving an individual’s ability to live and function more independently or to engage or continue in employment may include respite care. In some instances, CILs are important partners in providing access to respite.

*Issues for consumers, providers, and advocates:*
States submit a State Plan for Independent Living (SPIL) every 3 years. The SPIL details the activities the state plans to achieve. Eligible entities for CIL funding must be consistent with the design for establishing a statewide network of centers in the most recently approved state plan in their states.

A CIL is defined as a “consumer-controlled, community-based, cross-disability, nonresidential private nonprofit agency that is designed and operated within a local community by individuals with disabilities and provides an array of independent living services.”

Each center must have a governing board composed of a majority of persons with significant disabilities. The majority of the staff and individuals in decision-making positions must be individuals with disabilities.

All CILs funded by the end of FY 1997 were grandfathered in to continuing funding for as long as they continue to meet program and fiscal standards and assurances. New CILs are funded when sufficient funds are appropriated to do so.

*Federal funding agency:*
U.S. Department of Health and Human Services, Administration for Community Living, Administration on Disabilities, Independent Living Administration

*Eligible entity:*
Nonprofit organizations. Consumer-controlled, community-based, cross-disability, nonresidential, private nonprofit agencies are eligible to apply. Only eligible agencies from states and territories holding competitions may apply.

*Points of contact:*
An interactive map linking to each state’s CILs can be found on the Independent Living Research Utilization website.

*Related links:*
Catalog of Federal Domestic Assistance: Centers for Independent Living.  
https://www.cfda.gov/?s=program&mode=form&tab=step1&id=8c3d48298040ae301601bc6fface93da

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http://www2.ed.gov/programs/cil/performance.html#rsa704
References:

HIV Care Formula Grants

Authorizing legislation:

Currently authorized through:
September 30, 2013. Congress has continued to appropriate funds annually for this program.

Program purpose:
To improve the quality, availability, and organization of health care and support services for individuals with HIV and their families.

Beneficiaries:
Individuals and families with HIV disease.

Funding:
Grants, which include a base grant, a drug assistance program award, a drug assistance supplemental grant, and grants to states for Emerging Communities, are made under a formula involving the number of cases of AIDS.

Activities supported by the funding:
Seventy-five percent of the base grant funds are to be used for core medical services and 25% for support services. Support services are intended to facilitate, enhance, support, or sustain the delivery, continuity, or benefits of health services for individuals with HIV and their families. This includes respite care for persons caring for individuals with HIV/AIDS, outreach services, medical transportation, linguistic services, and referral for health care and support services.

This funding also covers the establishment and operation of HIV care consortia, health insurance coverage, and outreach activities.

Respite connection:
Respite is a core service covered by this funding.

Issues for consumers, providers, and advocates:
Providers of services may include both public and nonprofit entities. For-profit entities may receive funding only if they are the sole area providers of quality HIV care. States may provide services directly or subcontract with HIV care consortia.

Federal funding agency:
US Department of Health and Human Services, Health Resources and Services Administration.

Eligible entity:
State public health agency.

Points of contact:
A link to each state’s HIV/AIDS program grantee can be found on the Health Resources and Services Administration, HIV/AIDS Bureau website, https://careacttarget.org/grants/59
**Related links:**
Catalog of Federal Domestic Assistance: HIV Care Formula Grants.
https://www.cfda.gov/index?s=program&mode=form&tab=core&id=0b51831d19acdfed5f622ba0e5d763af

U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau,
http://hab.hrsa.gov/

**References:**
http://hab.hrsa.gov/abouthab/partbdrug.html

HIV Emergency Relief Projects Grants

Authorizing legislation:
Title XXVI, Part A, of the Public Health Service Act; Title XXVI, Part A, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 11-87)

Currently authorized through:
September 30, 2013. Congress has continued to appropriate funds annually for this program.

Program purpose:
To help areas most severely affected by HIV develop, organize, and operate programs that provide an efficient, appropriate, and cost-effective continuum of health care and support services for individuals and families with HIV disease.

Beneficiaries:
Individuals and families with HIV disease.

Funding:
Grants are made under a formula involving the number of cases of AIDS.

Activities supported by the funding:
Seventy-five percent of grant funds are to be used for core medical services and 25% for support services. Support services are intended to facilitate, enhance, support, or sustain the delivery, continuity, or benefits of health services for individuals with HIV and their families. This includes respite care for persons caring for individuals with HIV/AIDS, outreach services, medical transportation, linguistic services, and referral for health care and support services.

Respite connection:
Respite is a core service covered by this funding.

Issues for consumers, providers, and advocates:
Eligible Metropolitan Areas (EMAs) must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000. Transitional Grant Areas (TGAs) must have reported at least 1,000 but fewer than 2,000 new AIDS cases in the most recent 5 years. Currently, 22 EMAs and 34 TGAs are receiving funding. Each EMA must have an HIV/AIDS Planning Council whose membership must reflect the local epidemic demographically and include members with specific expertise in health-care planning, housing for the homeless, health care for incarcerated populations, and substance abuse and mental health treatment or members who represent other Ryan White and Federal programs. The Planning Council works with the local elected official to develop the needs assessment and plan allocation of Part A resources.

Federal funding agency:
U.S. Department of Health and Human Services, Health Resources and Services Administration, HIV/AIDS Bureau.

Eligible entity:
EMAs with a population of 50,000 or more individuals for which the Centers for Disease Control and Prevention has reported a cumulative total of at least 2,000 HIV/AIDS cases for the most recent 5-year period. TGAs with a population of 50,000 or more individuals for which the Centers for Disease
Control and Prevention has reported a cumulative total of at least 1,000 but not more than 1,999 HIV/AIDS cases for the most recent 5-year period. Grants are awarded to the chief elected official (CEO) of the city or county that provides health care services to the greatest number of people living with AIDS in the EMA or TGA.

Points of contact:
A list of Part A EMAs and TGAs receiving this funding is on the Health Resources and Services Administration, HIV/AIDS Bureau website.

Related links:
Catalog of Federal Domestic Assistance: HIV Emergency Relief Project Grants.
https://www.cfda.gov/index?s=program&mode=form&tab=core&id=3cd8495bc4ddacc07fe6e692dda9a25e

References:
http://hab.hrsa.gov/abouthab/parta.html

Supplemental Security Income (SSI)

Authorizing legislation:
Title XVI of the Social Security Act, as amended.

Program purpose:
To supplement the income of needy individuals who are 65 or older, blind, or disabled. The Supplemental Security Income (SSI) for Children provides SSI for children under age 18 or under age 22 and is a student regularly attending school.

Beneficiaries:
Individuals who have attained age 65 or are blind or disabled, who continue to meet the income and resources tests, citizenship/qualified alien status, residence in the United States, and certain other requirements. Eligibility may continue for beneficiaries who engage in substantial gainful activity despite disabling physical or mental impairments. For a child to be eligible for SSI, they must be either blind or disabled and meets the SSI income and resource requirements after deductions are made from deemed income for parents and other children living in the home.

Funding:
This is a cash benefit program. The benefit amount increases automatically when the Consumer Price Index rises; generally the amount increases each year. There was no increase in 2010. The 2010 federal benefit is $674 for an individual and $1,011 for a couple.

Activities supported by the funding:
Direct monthly payments are available for unrestricted use for those with incomes and resources below certain levels who are blind, disabled, or age 65 or older or are eligible for the SSI Program for Children.

Respite connection:
SSI benefits may be used by family caregivers to pay for respite care.

Issues for consumers, providers, and advocates:
Proof of age, marital status, income, and resources; establishment of blindness or disability; and proof of residence in the United States and U.S. citizenship or alien status are required.

To qualify as having a disability, a person under age 18 must have a medically determinable physical or mental condition or other conditions that result in marked and severe functional limitations and can either be expected to result in death or which has lasted or can be expected to last at least 1 year. A person age 18 or older is considered to have a disability if he or she has a medically proven physical or mental condition that results in the inability to do any substantial gainful activity and can either be expected to result in death or which has lasted or can be expected to last at least 1 year.

Because of their limited income, most families caring for a person with a disability who qualify for SSI have too many other expenses to have money left over for purchase of respite care services.

Most states provide supplementary payments above the federal amount. In ten states (California, Delaware, Hawaii, Iowa, Montana, Nevada, New Jersey, Pennsylvania, Rhode Island, and Vermont) and the District of Columbia, state supplements are administered by the Social Security Administration. In other states, a separate application must be made to the state agency.

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5 States or territories that do not provide any supplement are Arizona, Mississippi, North Dakota, Northern Mariana Islands, West Virginia.
Federal funding agency:
Social Security Administration.

Eligible entity:
Individuals who are aged, blind, or have a disability and who meet the income, resource, citizenship, and residency requirements of the law.

Points of contact:
Social Security Administration
Toll-free telephone number: 1-800-772-1213  TTY number: 1-800-325-0778

Locations of Social Security offices can be found on the Social Security Administration website. https://secure.ssa.gov/apps6z/FOLO/fo001.jsp

Related links:
Catalog of Federal Domestic Assistance: Supplemental Security Income. https://www.cfdagov/?s=program&mode=form&tab=step1&id=9022644a6b91ac724ab063c420d504d

References:

National Senior Service Corps - Senior Companion Program (SCP)

**Authorizing legislation:**

**Currently authorized through:**
September 30, 2014. Congress has continued to appropriate funds for this program.

**Program purpose:**
To give older volunteers opportunities to provide critical support services and companionship to adults at risk of institutionalization and who are struggling to maintain a dignified independent life.

**Beneficiaries:**
Senior companions must be 55 years of age or older, with an income of up to 200% of poverty, based on the U.S. Department of Health and Human Services Poverty Guidelines; interested in serving special-needs adults, especially the frail elderly; and must be physically, mentally, and emotionally capable and willing to serve on a person-to-person basis. However, individuals who are not eligible because of their income may serve as non-stipended volunteers under certain conditions. Recipients are individuals with special needs age 21 and older, the frail elderly, and their informal caregivers.

**Funding:**
Competitive project grants are awarded, when available, to eligible entities for the support of SCPs. Grants are generally funded for 3 years in 1-year increments. The most recent annual statistical highlights from FY 2010-11: With annual federal funding of $46 million, 13,600 volunteers provided 12.2 million hours of service in 220 projects. Nearly 8000 family caregivers received respite from Senior Companion Program volunteers.6

**Activities supported by the funding:**
Funds may be used for volunteer stipends, transportation, physical examinations, insurance, and meals. They may also be used for staff salaries and fringe benefits, travel, equipment, and space costs. Volunteers are engaged in providing companionship services to special-needs individuals age 21 or older and especially to the frail elderly.

**Respite connection:**
A volunteer may provide respite services to the caregiver of an adult with special needs by taking over companionship services to allow the caregiver to have a break. Respite care is listed as an appropriate activity in the Senior Companion Program Operations Handbook.

**Issues for consumers, providers, and advocates:**
Volunteers must serve from 15 to 40 hours per week in person-to-person relationships with the individuals served. Respite programs funded through this initiative participate in national performance measurement using CNCS’ Performance Measurement framework. CNCS has a focused set of agency-wide Priority Measures derived from the 2011-2015 Strategic Plan.7

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6 Corporation for National & Community Service. *Senior Corps Fact Sheet.*
http://www.nationalservice.gov/newsroom/marketing/fact-sheets/senior-corps

7 Corporation for National & Community Service. *SCP-Senior Corps Performance Measures.*
http://www.nationalservice.gov/resources/performance-measurement/scp-senior-corps
Example: The Tennessee Respite Coalition (TRC) is the sponsor organization for the Senior Companion Program in Davidson County, TN. It is one of the smaller grants of the Corporation for National and Community Service (CNCS) program supporting 12 Volunteer Service Years (VSY) with $48,276 annually. The TRC also has secured funding to support additional program costs from a local foundation. CNCS established new performance measures for the Senior Companion Program in 2013 that specifically include respite for caregivers. Through this initiative, the individual with the disability receives companionship, the family caregiver receives a well-deserved break from the stress of caregiving, and the volunteer reaps the benefits and satisfaction of being of service to their community as well as a monetary stipend.

Source: Personal communication (October 2015) with Jennifer Abernathy, Executive Director, Tennessee Respite Coalition (www.tnrespite.org).

Federal funding agency:
Corporation for National and Community Service.

Eligible entity:
State and local government agencies, nonprofit organizations.

Points of contact:
Organizations interested in exploring the possibility of developing a local Senior Companion project should contact the Corporation for National and Community Service State Program Office serving their state. Contact information for those offices is available on the Corporation for National and Community Service website.
http://www.nationalservice.gov/stateoffices

Individuals interested in volunteering can search for an SCP in their state on the Corporation for National and Community Service website.

Individuals wanting to receive services from an SCP can locate a program in their state on the Corporation for National and Community Service website.
http://www.nationalservice.gov/programs/senior-corps/senior-companions

Related links:
Catalog of Federal Domestic Assistance: Senior Companion Program.
https://www.cfda.gov/index?s=program&mode=form&tab=core&id=a5f093223e2978055632946fe669b8c1

References:
Federal regulations for Senior Companion Program (Title 25, Subpart B, Chapter XXV, Part 2551)
http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=99f8e15d953a2684bc6267b117b9713a&rgn=div5&view=text&node=45:4.1.9.11.33&iddo=45

National Senior Service Corps - Retired and Senior Volunteer Program (RSVP) and the Foster Grandparent Programs

**Authorizing legislation:**

**Currently authorized through:**
September 30, 2014. Congress has continued to appropriate funds for these programs.

**Program purpose:**
The Corporation for National and Community Service (CNCS) oversees the National Senior Service Corps. The Senior Service Corps includes: 1) the Senior Companion Program (SCP; described above), 2) the Retired and Senior Volunteer Program (RSVP), and 3) the Foster Grandparent Program (FGP). The purpose of all three programs is to provide opportunities for senior service to meet unmet needs, to empower people 55 years or older to contribute to their communities, enhancing the lives of those who serve and those whom they serve, and provide communities with valuable services. The specific purpose of RSVP is to provide opportunities for older volunteers to share their knowledge, experiences, abilities, and skills for the betterment of their communities and themselves. The specific purpose of the FGP is to provide opportunities for older volunteers to have a positive impact on the lives of children in need.

**Beneficiaries:**
Older volunteers serve children, adults, and the aging population in volunteer service.

**Funding:**
Grant awards are generally for 3 years, with funding provided in 1-year increments. SCP, RSVP, and FGP have separate funding streams, and existing projects receive a one-third set-aside from any funding increases under Programs of National Significance.

**Activities supported by the funding:**
FGP grants may be used for low-income foster grandparent stipends, transportation, physical examinations, and meals. They may also be used for staff salaries, fringe benefits, staff travel, equipment, and space costs. Foster grandparents may be assigned to children and youth in residential and nonresidential facilities, including schools and preschools, and to children living in their own homes.

RSVP grants may be used to assist all volunteers age 55 or older who want to find challenging, rewarding, and significant service opportunities in their local communities.

**Respite connection:**
A particular focus of the Corporation’s Baby Boomer initiative is to increase the number of frail elderly people and people with disabilities who receive assistance from the community who are able to live independently. All of the programs under the Corporation’s authority are being encouraged to increase the capacity of their communities to provide services, such as respite, that will reduce the need for expensive professional in-home care or nursing home care.

FGP is authorized to provide supportive, person-to-person services to children “having special or exceptional needs or with conditions or circumstances identified as limiting their academic, social, or economic development.” The Foster Grandparent’s Handbook addresses respite specifically. On rare occasions, it may be in the best interest of the child for a foster grandparent to provide in-home respite care without the primary caregiver being present. The volunteer station’s professional staff and the sponsor should jointly make this determination. Respite assignments should be carefully and frequently
monitored to ensure the safety and well-being of the child and the volunteer. Project staff should ensure that respite care is consistent with the purposes of the FGP.

RSVP volunteers serve through nonprofit and public organizations. They organize neighborhood watch programs, tutor children and teenagers, renovate homes, teach English to immigrants, teach computer software applications, help people recover from natural disasters, serve as museum docents, and do whatever else their skills and interests lead them to do to meet the needs of their community. Such services could include providing respite for family caregivers.

**Issues for consumers, providers, and advocates:**
Foster grandparents must be 55 years of age or older, with an income of up to 200% of poverty, and must be interested in serving infants, children, and youth with special or exceptional needs. (However, individuals who are not income eligible may serve as non-stipended volunteers under certain conditions.) Foster grandparents must be physically, mentally, and emotionally capable and willing to serve selected infants, children, or youth on a person-to-person basis.

**Federal funding agency:**
Corporation for National and Community Service.

**Eligible entity:**
National and local nonprofits, schools, government agencies, and faith-based and other community organizations and other groups committed to strengthening their communities through volunteering. Qualified agencies and organizations with the capacity to operate direct community service programs, experience and interest in the needs of older adults, and the ability to develop strong community financial and programmatic support.

**Points of contact:**
Foster Grandparent and RSVP programs and volunteer opportunities can be found by state at: http://www.nationalservice.gov/impact-our-nation/state-profiles

**Related links:**
Catalog of Federal Domestic Assistance: Retired and Senior Volunteer Program (RSVP).
https://www.cfda.gov/index?s=program&mode=form&tab=core&id=7d77bd00266a5c14bf13c06a488cf49e

Catalog of Federal Domestic Assistance: Foster Grandparent Program.
https://www.cfda.gov/index?s=program&mode=form&tab=core&id=025f63bc5308acb4d7b87491083bdeed

Corporation for National and Community Service, RSVP
http://www.nationalservice.gov/programs/senior-corps/rsvp

Corporation for National and Community Service, Foster Grandparent Program
http://www.nationalservice.gov/programs/senior-corps/foster-grandparents

**References:**

**AmeriCorps**

**Authorizing legislation:**

**Currently authorized through:**
September 30, 2014. Congress has continued to appropriate funds annually for this program.

**Program purpose:**
Begun in 1994, the AmeriCorps programs provide opportunities for Americans to make an intensive commitment to service. Members serve their communities through three programs:

- **AmeriCorps*State and National**, is the broadest network of AmeriCorps programs. It provides financial support through grants to public and nonprofit organizations that sponsor service programs around the country, including hundreds of faith-based and other community organizations, higher education institutions, Indian Tribes, and public agencies.

- **AmeriCorps*VISTA** (Volunteers in Service to America) provides full-time members to nonprofit, faith-based and other community organizations, and public agencies to create and expand programs that bring low-income individuals and communities out of poverty.

- **AmeriCorps*NCCC** (National Civilian Community Corps) is a full-time, team-based, residential program for men and women ages 18–24. Members live on one of five campuses, located in Denver, Colorado; Sacramento, California; Baltimore, Maryland; Vicksburg, Mississippi; and Vinton, Iowa.

**Beneficiaries:**
Beneficiaries must be identified with an application for assistance.

**Funding:**
AmeriCorps grant funding is distributed to Governor-appointed State Commissions and multi-state grantees. State Commissions award subgrants to organizations in their states, and the multi-state grantees work through operating sites in more than one state. These organizations recruit AmeriCorps members to respond to local needs.

AmeriCorps State and National Direct grants, the AmeriCorps program most likely to support the provision of respite services, cover a 3-year period, but funds are provided 1 year at a time. Continued funding during the course of the 3 years is contingent upon satisfactory performance, compliance, the availability of funds, and other criteria established in the award agreement. The minimum State formula grant is $600K, or 0.5% of the amount allocated for the State formula portfolio, whichever is greater.

For funding under the AmeriCorps NCCC program, sponsoring organizations request the assistance of AmeriCorps NCCC teams by submitting a project application to the regional campus that covers that organization’s state. The campuses provide assistance in completing the application, developing a work plan, and preparing the project sponsor for the arrival of the AmeriCorps NCCC team.\(^8\)

For funding guidance for the VISTA program, see the FY 15 AmeriCorps VISTA Program Guidance for Current and Potential Project Sponsors.9

**Activities supported by the funding:**
The AmeriCorps network of local, state, and national service programs engages more than 70,000 Americans in intensive service each year. AmeriCorps members serve through more than 3,000 nonprofits, public agencies, and faith-based and other community organizations, helping meet critical needs in education, public safety, health, and the environment. The variety of service opportunities is almost unlimited. Members may tutor and mentor youth, build affordable housing, teach computer skills, clean parks and streams, run after-school programs, or help communities respond to disasters.

**Respite connection:**
In recent grant announcements, under the Healthy Futures priority, grants may support increasing seniors’ ability to remain in their own homes with the same or improved quality of life for as long as possible. Since respite has been shown to have this outcome, a case could be made to allow AmeriCorps volunteers to provide respite.

**Issues for consumers, providers, and advocates:**
In alignment with the Serve America Act, the AmeriCorps State and National Notice of Federal Funding Opportunity for FY 16 focused AmeriCorps grant making on six core areas (additional areas of focus exist that may change annually):

- disaster services,
- education,
- environmental stewardship,
- healthy futures,
- economic opportunity,
- Veterans and military families.10

**Federal funding agency:**
Corporation for National and Community Service.

**Eligible entity:**
Governor-appointed State Service Commissions. The State Service Commissions accept applications from

- state and local nonprofit organizations;
- community and faith-based organizations;

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• state, local, and higher education institutions;
• state and local governments; and
• U.S. territories.

**Points of contact:**

**Related links:**
Catalog of Federal Domestic Assistance: AmeriCorps. [https://www.cfda.gov/index?s=program&mode=form&tab=core&id=b1b5343e62b34d5d666000a53426413c](https://www.cfda.gov/index?s=program&mode=form&tab=core&id=b1b5343e62b34d5d666000a53426413c)


**References:**
Aging and Disability Resource Centers (ADRCs)/No Wrong Door (NWD) Systems

Authorizing legislation:

Program purpose:
Title II Section 202(b) of the Older Americans Act specifically authorizes the Assistant Secretary for Aging to work with the Administrator of the Centers for Medicare and Medicaid Services to: “implement in all States’ Aging and Disability Resource Centers –

- to serve as visible and trusted sources of information on the full range of long-term care options that are available in the community, including both institutional and home and community-based care;
- to provide personalized and consumer friendly assistance to empower people to make informed decisions about their care options;
- to provide coordinated and streamlined access to all publicly supported long-term care options so that consumers can obtain the care they need through a single intake, assessment and eligibility determination process;
- to help people to plan ahead for their future long-term care needs; and
- to assist, in coordination with the State Health Insurance Assistance Program, Medicare beneficiaries in understanding and accessing the Prescription Drug Coverage and prevention health benefits available under the Medicare Modernization Act”.

The ADRC/NWD System’s primary purpose is to make it easy for people of all ages, disabilities and income levels to learn about and access the Long Term Services and Supports (LTSS) they need (see explanation of NWD systems on the following page under Activities supported by the funding). People in need of LTSS often need more than one service and will use a mix of programs to fulfill their LTSS needs. Each publicly supported LTSS program has an application and enrollment process. LTSS access programs and functions are funded with public money and are often duplicative and overlapping, creating inefficiencies for both the consumer and the government. Transforming the existing publicly supported LTSS access programs and functions into a single statewide NWD System will give states a vehicle for creating more efficient and effective ways of administering their LTSS programs. States will also be able to use their NWD Systems to make their overall LTSS systems more consumer-driven and more cost-effective. ADRCs are designed to serve as visible and trusted sources that people can turn to for objective information on their long-term services and support options and their Medicare benefits. These programs also provide one-on-one counseling and advice to help consumers, including private pay individuals, to fully understand how available options relate to their particular needs; they also provide streamlined access to all publicly supported long-term services and support programs, including those funded under Medicaid, the Older Americans Act, and state revenue programs.
**Beneficiaries:**
All populations in need of LTSS regardless of age, income or disability, including family caregivers in need of long-term services and supports information.

**Funding:**
The Aging and Disability Resource Center Program (ADRC), a collaborative effort of the Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS) and the Veterans Health Administration (VHA), was launched in the fall of 2003 to support state efforts to develop streamlined systems of access to Long Term Services and Supports (LTSS).

In 2006, Congress reauthorized the Older Americans Act with the inclusion of language supporting the development of ADRC efforts in every state. Continued funding for ADRCs was authorized in the Affordable Care Act from FY 2010–2014 for $10 million each year.

**Activities supported by the funding:**
ACL, CMS and VHA have partnered for several years to support states’ efforts to develop coordinated systems of access to make it easier for consumers to learn about and access LTSS. These efforts have been supported by a variety of programs, including the Aging and Disability Resource Center (ADRC) program, Real Choice Systems Change grants, the Balancing Incentive Program, Money Follows the Person (MFP), and Veteran Directed Home and Community-Based Services (VD-HCBS).

In 2014, building on the work of eight original state grantees of the 2012 Part A: The Enhanced ADRC Options Counseling Program, the Administration for Community Living, in partnership with CMS and the Veterans Health Administration, awarded 25 states and territories one year planning grants to develop single statewide No Wrong Door Systems (NWD), a single statewide system of access to LTSS for all populations and all payers. In 2015, ACL, CMS and VHA announced three year awards to five of these states to identify No Wrong Door promising practices.¹¹

The four primary functions of a NWD System that are reflected in these Elements include:
1. State Governance and Administration
2. Public Outreach and Coordination with Key Referral Sources
3. Person-Centered Counseling (PCC)
4. Streamlined Eligibility for Public Programs

A further description of each of these functions can be found in the Key Elements of a NWD System of Access to LTSS for All Populations and Payers located at http://acl.gov/Programs/CIP/OCASD/ADRC/docs/NWD-National-Elements.pdf

**Respite connection:**
ADRCs play a central role in Lifespan Respite systems as mandated primary stakeholders. They provide a variety of functions, including respite services in their databases and assisting with family caregiver outreach and public education.

¹¹ Descriptions of 2015 Identifying No Wrong Door Promising Practices grantee activities can be found at http://acl.gov/Programs/CIP/OCASD/ADRC/2015-Grantee-Summaries.aspx
Issues for consumers, providers, and advocates:
To date, ACL has funded 54 out of 56 states and territories to implement ADRC/NWD System activities. Nationwide, 530 local ADRC networks are in place actively serving older adults and persons with disabilities.

Federal Funding Agency:
U.S. Department of Health and Human Services, Administration for Community Living, Center for Integrated Programs (CIP), Office of Consumer Access and Self Determination

Eligible entity:
State Agency or instrumentality of the State (e.g., State Unit on Aging, State Medicaid Agency, State Disability Agencies).

Points of contact:
Local ADRC locations and contact information by state can be found on the Technical Assistance Exchange website.

Related links:
Catalog of Domestic Federal Assistance: Affordable Care Act–Aging and Disability Resource Center.
https://www.cfda.gov/index?s=program&mode=form&tab=core&id=983b4e60ccbaec266ff78fe7aaf87b3

References:
U.S. Department of Health and Human Services, Administration for Community Living, Center for Integrated Programs, Aging & Disability Resource Centers Program/No Wrong Door System.
http://acl.gov/Programs/CIP/OCASD/ADRC/
National Family Caregiver Support Program (NFCSP)

**Authorizing legislation:**

**Currently authorized through:**
September 30, 2011. Congress has continued to appropriate funds annually for this program.

**Program purpose:**
To assist states and Tribal Organizations in providing systems of support services for family caregivers and grandparents or older individuals who are relative caregivers.

**Beneficiaries:**
Family caregivers, grandparents, and older individuals who are relative caregivers will benefit. More detail regarding eligibility is available under *Issues for consumers, providers, and advocates* below.

**Funding:**
For states, Title III-E formula grants are based on the percentage of the population age 70 and older in the state. For Tribal and Native Hawaiian Organizations, grants are available to Tribes with approved applications under Parts A and B, and they assist in funding the delivery of supportive services to eligible older individuals.

**Activities supported by the funding:**
State Agencies on Aging work with regional Area Agencies on Aging, local community-service providers, and Tribal Organizations under Title VI, Part C, to offer five basic services for family caregivers:

- information;
- assistance with accessing support services;
- individual counseling, support groups, and caregiver training;
- respite care; and
- limited supplemental services.

**Respite connection:**
Respite is a core activity funded by this program. In FY 2013, the most recent year for which service data are available, the NFCSP provided respite care services to nearly 60,000 caregivers, and in FY 2013 the Native American Caregiver Support Program provided nearly 97,000 units of respite services to more than 9,000 caregivers.\(^{12}\)

**Issues for consumers, providers, and advocates:**
Individuals eligible for respite care and other family caregiver support services are

- family caregivers who provide care for individuals age 60 or older;
- family caregivers who provide care for individuals with Alzheimer’s disease and related disorders,

\(^{12}\) Personal communication with Greg Link, Administration for Community Living (ACL), October 23, 2015. Data was elicited from the ACL Aging Integrated Database (AGID):
regardless of age;

- grandparents and other relative caregivers (not parents) 55 years of age or older providing care to children under age 18; or

- grandparents and other relative caregivers (not parents) 55 years of age or older providing care to adults age 18-59, with disabilities, to whom they are related by blood, marriage, or adoption.

Tribal Organizations can set an age lower than 60 at which members can be considered as elders eligible for services.

Priority is given to

- caregivers age 60 or older with the greatest social or economic need;
- caregivers age 60 or older providing care to individuals, including children, with severe disabilities; and
- caregivers of older individuals with Alzheimer’s disease.

State programs can use only up to 10% of their funding to provide services to grandparents and other relative caregivers who are providing care to children under age 18. Most of the services are targeted to family caregivers caring for the aging population. (This does not pertain to Title VI, Part C grantees).

**Federal funding agency:**
U.S. Department of Health and Human Services, Administration for Community Living, Administration on Aging.

**Eligible entity:**
States; Indian Tribal Organizations representing at least 50 individuals age 60 or older; public or nonprofit Native Hawaiian organizations serving at least 50 individuals age 60 or older.

**Points of contact:**
Contact information and links to each state’s Agency on Aging and Disabilities can be found on the National Association of States United for Aging and Disabilities (NASUAD) website. [http://www.nasuad.org/about-nasuad/about-state-agencies/list-members](http://www.nasuad.org/about-nasuad/about-state-agencies/list-members)

Contact information for Area Agencies on Aging and Tribal Organizations that administer the NFCSP can be found at [http://www.eldercares.gov/Eldercare.NET/Public/Index.aspx](http://www.eldercares.gov/Eldercare.NET/Public/Index.aspx)

Links to Title VI programs for Native Americans can be found by state on the National Resource Center on Native American Aging website. [http://olderindians.aoa.gov/directors.html](http://olderindians.aoa.gov/directors.html)

**Related links:**
Catalog of Federal Domestic Assistance: National Family Caregiver Support, Title III, Part E. [https://www.cfda.gov/index?s=program&mode=form&tab=core&id=7e9b741672386dea8f7a1eea16d0239](https://www.cfda.gov/index?s=program&mode=form&tab=core&id=7e9b741672386dea8f7a1eea16d0239)

Catalog of Federal Domestic Assistance: National Family Caregiver Support, Title VI, Part C, Native American Caregiver Support Program. [https://www.cfda.gov/index?s=program&mode=form&tab=core&id=7096fab0266e975519810eea27741fd](https://www.cfda.gov/index?s=program&mode=form&tab=core&id=7096fab0266e975519810eea27741fd)
http://www.aoa.acl.gov/AoA_Programs/HCLTC/Caregiver/index.aspx

U.S. Department of Health and Human Services, Administration for Community Living, Administration on Aging, *Services for Native Americans (OAA Title VI).*
http://www.aoa.acl.gov/AoA_Programs/HCLTC/Native_Americans/index.aspx#Resources

Administration on Aging Integrated Database. http://www.agidnet.org/

**References**