

# Emergency Respite Care Program ERC

Illinois Respite Coalition

# What is the Illinois Respite Coalition?



## Our Mission:

- The IRC is dedicated to increasing awareness of the importance of “Lifespan Respite” and promoting education and training for families and providers of respite services
- The Illinois Respite Coalition was founded in 1998 as part of a grassroots organization led by caregivers and providers.
- We are dedicated to providing support and advocacy to individuals across the age and disability spectrum in Illinois

Phone: 866-455-7377 Email: [ilrespitecoalition@gmail.com](mailto:ilrespitecoalition@gmail.com)

# What is the Illinois Respite Coalition?



## What We Do:

- The Illinois Respite Coalition (IRC) is a non profit organization that provides respite care, information and referral services, and advocacy in Illinois
  - Through the Illinois Department of Human Services, Division of Developmental Disability we provide in-home support statewide except for Cook county and a voucher respite program in 69 counties in central and southern Illinois
  - Through the Administration for Community Living, with IDHS, DDD as our lead agency, the IRC provides Emergency Respite Care funding across the state and lifespan for eligible caregivers of a loved one of any age or disability in an emergency situation\*

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# Emergency Respite Care Program (ERC)



## ● What is it?

- The ERC Program is a one-time-only voucher program intended to help caregivers of individuals across the lifespan with any disability
- Through funding from the Administration for Community Living through their lifespan respite care program state enhancement grant, the IRC is able to offer funding to support caregivers in a planned or unplanned emergency.
- In a crisis or emergency situation (ex. Caregiver illness or hospitalization, other family emergency or need, extreme stress)
- The ERC Program reimburses the cost of supervision for the caregiver's loved one
  - After services have been used, the IRC provides information and referral to other services, if available
  - The goal of the program is to be there during a caregivers time of need and connect them to more sustainable support after ERC has ended

## ● Eligibility?

- Caregivers receiving no other respite services (state or waiver funding), any age or disability is accepted (cancer, mental illness, physical disability, etc)

# ERC → How to Apply

pt.1

- **Contact Us!**

- Phone: 866-455-7377 ext. 101 for Spanish speaking families ext 103
- Email: [irc.statecoordinator@gmail.com](mailto:irc.statecoordinator@gmail.com)

- **Referrals**

- You can contact us directly, or you can be referred to us by other providers/ agencies

- **Eligibility Screening**

- Staff conducts a 5-minute call to verify information essential for program eligibility
  - Ex: you are not receiving other state respite services, monthly respite stipends, or waiver services
  - Ex: The person providing respite is over 18 years old
  - Ex: Care recipient was diagnosed with a disability (intellectual, developmental, chronic illness, cancer, dementia, alzheimer's, parkinsons, MS, etc)
  - Ex: The hours will be utilized within one month after official approval

### ● Application + Contract

- Once the screening process has been completed, a fillable PDF application and contract is sent to the caregiver
- The application is ~5 pages, it will request caregiver and recipient information
  - Tax ID if the respite provider is an agency
- The contract is an agreement between you and your respite provider (whether it is a person or a program)
  - This sets the rate, the number of hours and the total amount requested
    - The amount CANNOT exceed \$500

### ● Post-Approval Process

- If approved, the Statewide Coordinator will send an email confirming the rate and number of hours, typically within 24-48 business hours
- In the email a timesheet, reimbursement check request form, and survey will be attached
  - All need to be filled out and submitted as soon as respite hours have been used

# Respite Contract Services Agreement & Responsibilities

## Terms of Agreement

- The agreement for providing emergency respite care will begin on \_\_\_\_\_ and will be finished on \_\_\_\_\_ for a total of \_\_\_\_\_ hours.
- The respite worker will be paid at a rate of \$ \_\_\_\_\_ per hour, for a total of \$ \_\_\_\_\_ upon the completion of services.
- The Emergency Reimbursement paperwork, including the reimbursement request, timesheet, and participation survey, will be submitted to the Statewide Coordinator within two weeks of the final date of service, **prior to receiving payment.**
  - If paperwork is not completed within the two-week deadline and the family caregiver has not requested an extension with the Illinois Respite Coalition, all payment responsibility for the emergency respite funding falls onto the family caregiver.
- I acknowledge that I have been provided by the Illinois Respite Coalition with information on how to conduct a background check for the respite worker through the Illinois Department of Public Health Healthcare Worker Registry, the Child Abuse and Neglect Tracking System (CANTS), and the Illinois and National Sex Offender Registry.
- The family caregiver is responsible for the selection of the Respite Worker and for verifying that their Respite Worker is trained and has not been convicted of abuse or neglect.

I, \_\_\_\_\_ (family caregiver), agree to the terms of this document and enter into agreement to receive emergency respite care from \_\_\_\_\_ (respite provider), with funding provided by the Illinois Respite Coalition's Emergency Respite Care Program. I acknowledge that I am participating in this program voluntarily, and I hereby release, indemnify and hold forever harmless the Illinois Respite Coalition and the Illinois Department of Human Services for any liability or responsibility whatsoever in connection with said services.

Respite Provider \_\_\_\_\_

Date \_\_\_\_\_

Family Caregiver \_\_\_\_\_

Date \_\_\_\_\_

# Request for Emergency Respite Reimbursement

## REQUEST FOR EMERGENCY RESPITE REIMBURSEMENT



Date: \_\_\_\_\_

Bill To:  
Illinois Respite Coalition  
Email:  
ilrespitcoalition@gmail  
.com

Office: 866.ILL.RESP  
Cell: 224.456.0585  
Fax: 224.616.3054  
Email:  
[ilrespitcoalition@gmail.com](mailto:ilrespitcoalition@gmail.com)

**For Office Use**

Invoice #:  
For: Emergency Respite

**DESCRIPTION**

Number of respite hours \_\_\_\_\_ @ \_\_\_\_\_ rate.

Total Amount \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO: (please print)**

Name: \_\_\_\_\_

Social Security Number (of **individual** providing respite): \_\_\_\_\_

Tax ID Number (for **agency/institution** providing respite): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Verification of services from \_\_\_\_\_ to \_\_\_\_\_

\*This is mandatory to receive funds.

(start date)

(end date)

\_\_\_\_\_  
Respite Provider Signature

\_\_\_\_\_  
Primary Caregiver Signature

\_\_\_\_\_  
Statewide Coordinator Signature / Date



# Emergency Respite Care Program Caregiver Evaluation Survey

## EMERGENCY RESPITE CARE PROGRAM CAREGIVER EVALUATION SURVEY



Name of Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Care Recipient: \_\_\_\_\_ Phone #: \_\_\_\_\_

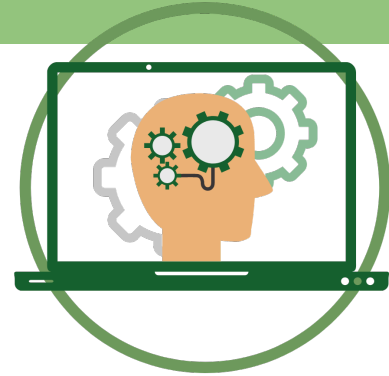
Place a check next to the response that represents your view regarding the Emergency Respite Program and services received:

### APPLICATION PROCESS:

- I received referrals to local resources/agencies from the Statewide Coordinator:  
 Yes  No
- These resources were helpful:  
 Strongly Agree  Agree  Disagree  N/A
- I followed up the agencies/resources given to me:  
 Strongly Agree  Agree  Disagree  N/A
- I would refer the Illinois Respite Coalition to others looking for local resources and support:  
 Strongly Agree  Agree  Disagree  N/A
- The application for Emergency Respite Services was easy to complete:  
 Strongly Agree  Agree  Disagree  N/A
- My request for Emergency Respite Services was handled promptly:  
 Strongly Agree  Agree  Disagree  N/A
- I would use the same Emergency Respite Care resource again.  
 Strongly Agree  Agree  Disagree  N/A
- I would refer the Lifespan Emergency Respite Program to others in need of Emergency Respite Services:  
 Strongly Agree  Agree  Disagree  N/A
- Comments / Recommendations (Optional)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Illinois Respite Coalition Lifespan Respite Training

- Free virtual training opportunity for any individual in Illinois
- Certificate of Completion when the training is finished
- Modules can be completed on your own time
- Opportunity to opt in to be included in the respite care worker registry
- If you are looking for a worker and want to make sure they are trained, this training is a great way to get foundational knowledge on respite
- <https://illinois-respitecarewi.talentlms.com/>



# Contact Information



Tina Yurik

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Services Statewide

866-ILL-RESP

866-455-7377

ext. 103 for Spanish-speaking callers

[ilrespitecoalition@gmail.com](mailto:ilrespitecoalition@gmail.com)

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