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State of Nevada Department of Health and Human Services

Aging and Disability Services Division

Emergency Funds Assistance for Caregivers

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Helping people. It's who we are and what we do.

Nevada's Caregiver Emergency Funds

- The Emergency Respite Funding Assistance launched November 2021.
- In an event of an unplanned circumstance that results in an unavoidable absence of the primary caregiver, the emergency funds will provide caregivers the ability to quickly find their care recipient care during this short term.
- The caregiver will have the ability to select a provider of choice, not only from professional providers, but from their own identified support system like:
friends/family/neighbors/community members etc.

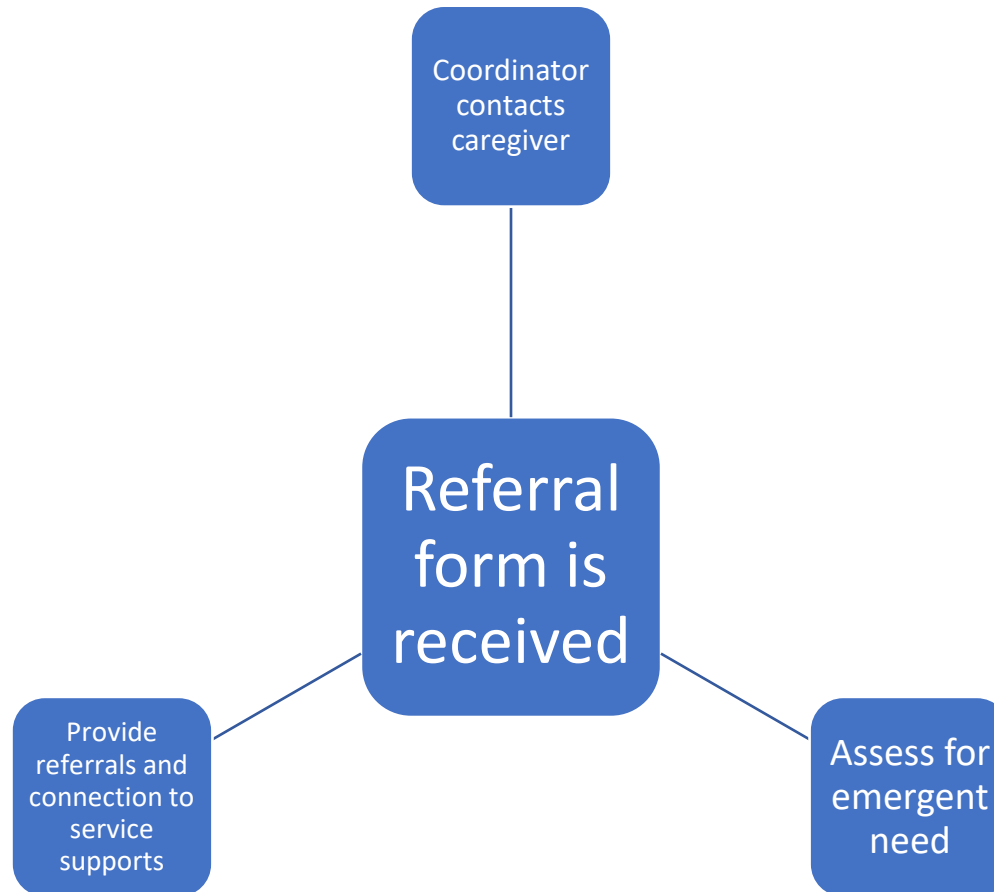


What is our process to determine eligibility

- Who is eligible:
 - Must be a caregiver for a care recipient who is providing care to an individual with a chronic or health condition, disability, or functional limitation.
- Process of eligibility
 - Submit a referral from
 - Reviewed by Coordinator for needs assessment
- Emergent need:
 - Each caregiver is experiencing an emergent need for respite support services such as eviction, utility disconnection, medical expense, surgery procedure, and unemployment due to illness.
- Ensuring sustainability:
 - Caregiver support has a long-term plan to continue their caregiving journey through family, friends, and other community supports.



Eligibility process workflow





Referral Request Form



Respite Emergency Funds Request

I first heard about the Emergency Funds from:

Caregiver Intake

Name: _____			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
Date of Birth: _____	Phone: _____	Email: _____			
Physical Address: _____	Mailing Address: _____				
SAMS: _____	Date Received: _____				

Caregiver Demographics

Are you providing care to more than one person? (i.e. children, grandchildren, and/or other adults?) Yes No

If yes, give the ages of all the people you provide care to:

0-3 4-17 18-24 25-39 40-64 > 65 1

Care Recipient

Person in your Care

Enrolled w/ NVCC: Yes No

Name: _____	Poverty (per the most current Federal Poverty Guidelines)	
Age: _____	At or Below Poverty <input type="checkbox"/>	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Above Poverty <input type="checkbox"/>	
Relationship to person in your care: _____		
Does he/she have a diagnosed dementia (i.e. Alzheimer's, dementia, Vascular dementia, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify diagnosis: _____		
<i>If yes, what stage of dementia?</i> <input type="checkbox"/> Early <input type="checkbox"/> Mild/Middle <input type="checkbox"/> Severe <input type="checkbox"/> Unknown		
<i>If no, are you concerned about dementia or a memory impairment?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Household Status: Lives alone <input type="checkbox"/>	Lives with Others <input type="checkbox"/>	
Ethnicity:		
Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino <input type="checkbox"/>		
Race:		
American Indian <input type="checkbox"/>		
Asian <input type="checkbox"/>		
Black or African American <input type="checkbox"/>		
Native Hawaiian or Pacific Islander <input type="checkbox"/>		
White <input type="checkbox"/>		
Other <input type="checkbox"/>		
Assistance/Supervision Needed (Check all that apply):		
<input type="checkbox"/> Bathing & Hygiene	<input type="checkbox"/> Dressing & Grooming	<input type="checkbox"/> Toileting/Bladder Care
<input type="checkbox"/> Eating or feeding	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Transfers In/Out
<input type="checkbox"/> Standing or Walking	<input type="checkbox"/> Social/Recreation	<input type="checkbox"/> Give/Arrange Transportation
<input type="checkbox"/> Medication reminders	<input type="checkbox"/> Medical care (medication administration)	<input type="checkbox"/> Decisions/Advocacy
<input type="checkbox"/> Communication/Coordination	<input type="checkbox"/> Behavioral Support	<input type="checkbox"/> Light Housekeeping/Chores
<input type="checkbox"/> Manage Finances/Pay Bills	<input type="checkbox"/> Shopping	<input type="checkbox"/> General supervision



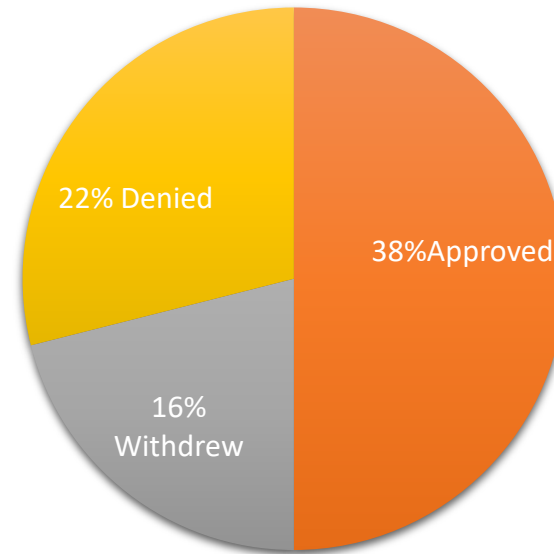


Caregiver Data

Total number (76) caregivers applied for the emergency respite funding assistance

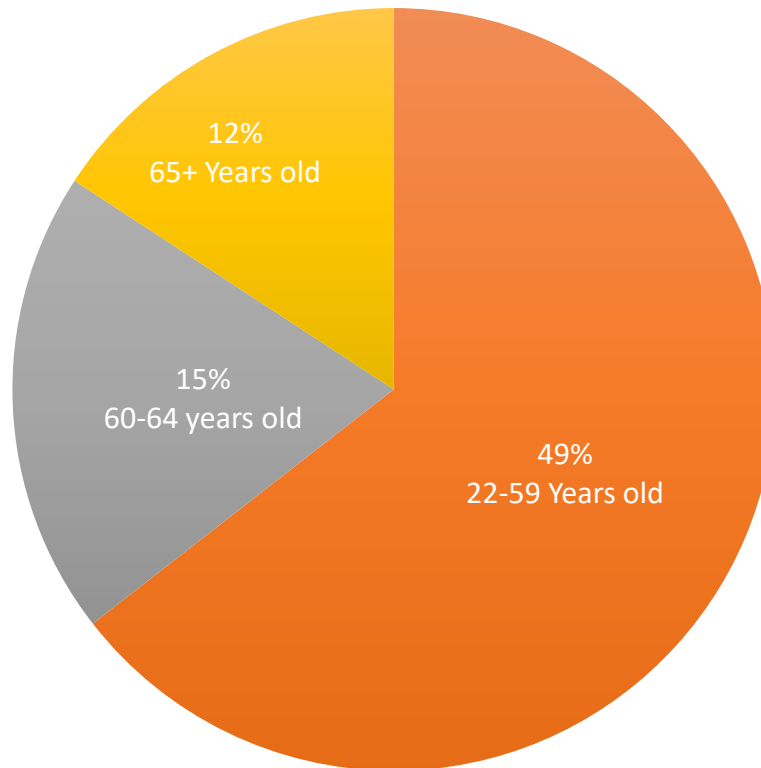
1. 38 caregivers were approved
2. 22 caregivers were denied
3. 16 caregivers withdrew their application

Caregiver Referrals for Funds



Caregiver's age group

Ages of Caregivers



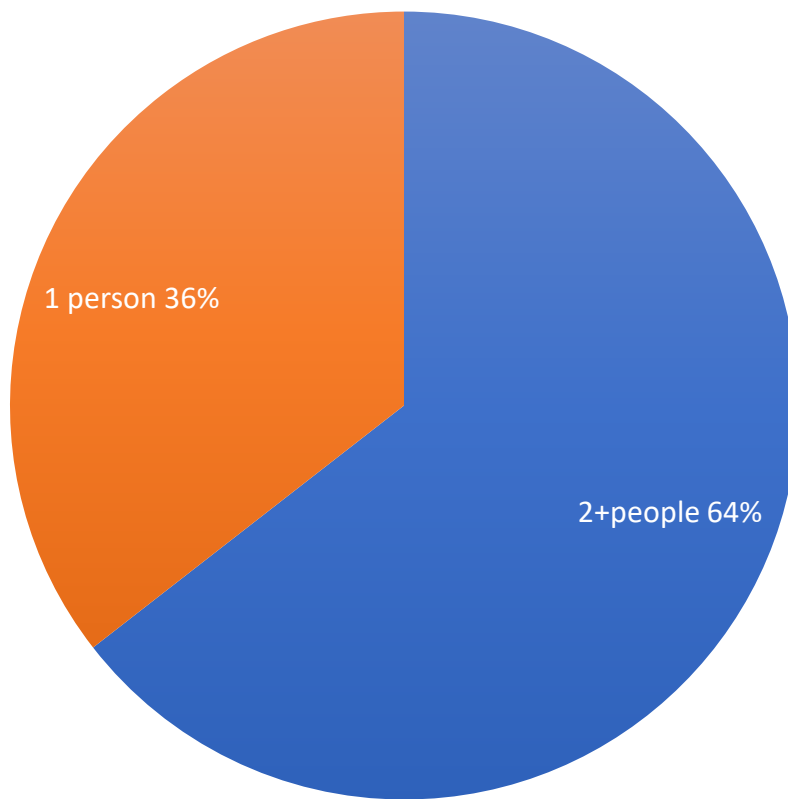
■ 18-21 ■ 22-59 ■ 60-64 ■ 65+





Compound Caregivers

Number of Caregivers Providing Care



■ 1 person ■ 2 people or more ■

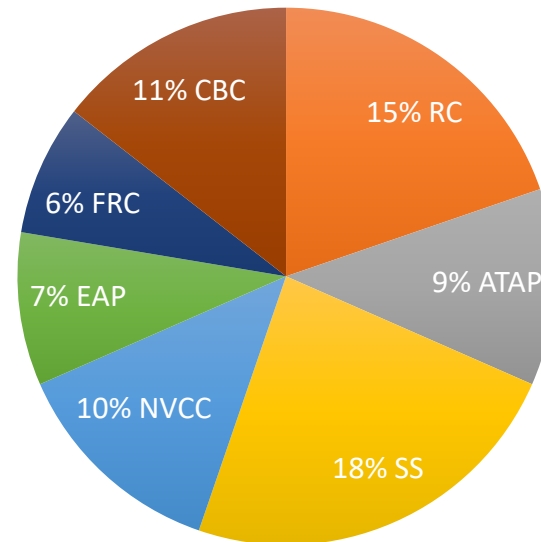


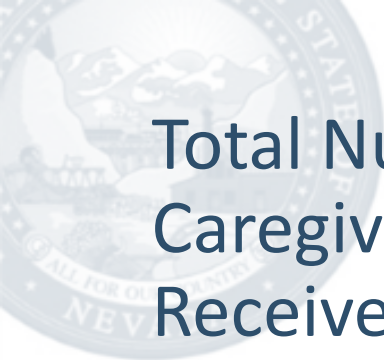
Long-Term Support Services Referrals

Caregivers connected to service supports with organizations/service supports

- Each caregiver has been provided with guidance on referrals and information to organizations within their service area.
- Encouraged to register with Nevada Care Connection.
- Caregivers need a warm handoff to other service supports.

Caregivers Referred for Long-Term Support



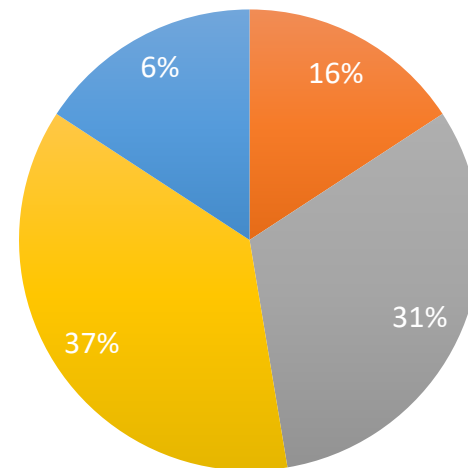


Total Number of Caregivers Received Funds and Amounts

38 Caregivers were awarded emergency respite funding

- \$500-Under funding award helped 6 caregivers
- \$500-\$1,000 funding award helped 12 caregivers
- \$1200-\$1500 funding award helped 14 caregivers
- \$1500-\$2000 funding award helped 6 caregivers

Total Number of Emergency Respite Awarded Funds



■ Total Amount ■ \$500-Under ■ \$500-\$1000 ■ \$1200-\$1500 ■ \$1500-\$2000




Outreach and how we promote these funds




Helping Caregivers in Need

- Promote with flyers to ADSD Partner Agencies, Family Resource Centers, Schools, Senior Centers, and Faith-Based Communities.
- Connecting caregivers to learn about the resources in their area.
- Contacting a case manager, agency provider, or a professional who works with you and your loved for assistance in applying for the respite care funding.



STATE OF NEVADA AGING AND DISABILITY SERVICES DIVISION




EMERGENCY FUNDING FOR RESPITE ASSISTANCE

What is it- A **onetime** emergency funding assistance for family and friend caregivers who have an unplanned, unavoidable absence and need care for their loved one but have difficulty paying for care.

How it works- A caregiver who is experiencing a Respite emergency is encouraged to apply by using the referral form or contact Yazmin.


1. Work with families in providing them information and referrals to resources in their own communities.
2. When possible, provide financial assistance to caregivers to get care for their loved ones from professional agencies to their own social network like friends/family/neighbors/etc. to provide the care.

Funds are contingent on availability and are distributed on a case-by-case basis.



To find out more, or to submit a referral please contact:

Yazmin Orozco
(775) 525-9406
Yorozco@adsd.nv.gov



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Questions?

