Family Respite Voucher Program

Welcome to the **Colorado Respite Care Program Respite Voucher Program**! This application offers a resource for unserved and underserved family caregivers who have limited access to respite care and/or other supports through current systems. This program is intended to act as a Payer of Last Resorts. Please check out the eligibility requirements below, then submit your application accordingly.

Instructions:

Please fill out the application and return it as soon as possible. Applications are accepted on a rolling basis. All sections of the application must be completed. If you provide care to more than one care recipient, complete one application for each care recipient. One award will be granted per household and the number of care recipients will be taken into consideration.

You may email or postal mail your completed application:

Email/scan: ebillman@eastersealscolorado.org

Postal mail: Colorado Respite Care Program
ATTN: Elle Billman
393 S. Harlan St. Suite 108
Lakewood, CO 80226

Questions: (303) 233-1666 x 225

Family Caregiver Qualifications:

Caregivers of individuals who need support with personal care, supervision, and monitoring, may find themselves in need of respite (or short breaks) from time to time. The purpose of this voucher program is to meet planned respite needs for unserved and underserved family caregivers. Applicants must meet the following criteria to qualify for a respite voucher:

Eligibility Checklist - *Must meet all listed requirements to be considered for voucher funds*

- ☐ The family caregiver provides unpaid care for a family member, friend, or neighbor (broadening the definition of "family"); both individuals live in Colorado.
- ☐ Family caregiver provides full-time care (40 hours or more) weekly.
- ☐ The care recipient has a **"special need"** (please see explaination box on following page).
- ☐ Respite services will be delivered by an Approved Provider*. The caregiver may not sign up for respite with an Approved Provider without **first being notified in writing of voucher award**.
- ☐ The caregiver is able to utilize the respite voucher over an approximately 90 period, or by the expiration date on award letter. *Please note unused funds must be returned.*
- ☐ The family is not currently receiving any funding that can be used for respite care (i.e. Medicaid waiver, Area Agency on Aging voucher). This voucher is designed as a Payer of Last Resort.

The family caregiver can receive a respite voucher if the caregiver is on a wait list .

Caregivers are **not guaranteed** the maximum amount of funds available; some may receive smaller vouchers based on the type of respite requested. Voucher awards range from $250.00 - $1,000.00. Complete one form for each care recipient. Award amounts may be increased for multiple care recipients. **Families may receive a maximum of two voucher awards in one calendar year.**

***Caregivers must agree to work with authorized Approved Provider agencies approved by the Colorado Respite Care Program. 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 the agency of choice if they meet eligibility requirements and time constraints.

Vouchers will be awarded on a first-come, first-served basis for those who are eligible. Criteria for awards and use of the vouchers are subject to change to best meet the needs of a varied group of caregivers. Funding is limited and no awards will be guaranteed.

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, Approved Provider agencies, other helpful links and information), please check out the website, www.coloradorespitecoalition.org. Refer to the contact information below for more information.

Next Steps:

Upon submission of your application, the Colorado Respite Care Program will contact you to announce your award status. You may be contacted prior to voucher award for clarification on application information. Respite voucher award letters are sent via postal mail. Please write legibily and provide accurate contact information on your application.

After receiving a voucher award, family caregivers must complete a Family Caregiver Agreement with selected Approved Provider prior to the start of services. At the conclusion of voucher services, the caregiver must sign a Data Collection Form as a confirmation of receipt of services with their provider. At the completion of voucher services, the family will complete an online exit survey that the respite agency can provide.

If you have questions or concerns about your application, please contact Elle Billman at ebillman@eastersealscolorado.org or (303) 233-1666 x225.

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Family Application for Colorado Respite Care Program Respite Voucher

Please print	**Family Caregiver** *(family, friend, or neighbor)*	**Individual in Need of Care**
Name:		
Prefered name/pronouns:		
Date of Birth (DOB): MM/DD/YYYY	_____ ☐ Male ☐ Female ☐ Non-Binary	DOB: _____ ☐ Male ☐ Female ☐ Non-Binary
Mailing Address:		
City/Town:		
Zip Code:		
Home County:		
Phone Number:	☐ *Preferred*	
Alternate Phone:	☐ *Preferred*	
Email:	☐ *Preferred*	

Caregiver's relationship to care recipient**:** _____

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: _____

Referral contact information**:** _____

May we contact the above individual for additional information within 365 days? ☐ Yes ☐ No

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

Please tell us why you need this respite voucher:

_____

_____

_____

_____

This application is true and accurate. I have completed all sections of the application. I have had the opportunity to review the instruction page accompanying it. Respite services will not be paid for without prior authorization by the Colorado Respite Care Program and completion of required documentation.

Signature: _____ _____
Date

Printed Name: _____

Please tell us a little more about yourself and your loved one. Information will not affect decisions made about eligibility, but may help the program with reporting requirements for funding sources.

Care Recipient Information

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

- ☐ Physical disability *(please specify)*
- ☐ Behavioral concern
- ☐ Mental health condition
- ☐ Medical support needs (medication reminders, etc.)
- ☐ Intellectual / developmental disability
- ☐ Memory condition (Alzheimer's, dementia, etc.)
- ☐ Another diagnosis (please list below)
- ☐ Assistance needs with one or more activities of daily living (feeding, dressing, bathing, etc.)

What, if any, diagnoses exist? _____

The person cared for is currently receiving in-home or out-of-home respite (within past 60 days): ☐ Yes ☐ No

If yes, name of program: _____

The person cared for is currently receiving funding for respite care (i.e. Medicaid waiver, Area Agency on Aging, etc.) (within past 60 days) ☐ Yes ☐ No

If yes, name of program: _____

Caregiver Information

Marital Status:

- ☐ Married / Committed partner in household
- ☐ Divorced / Separated
- ☐ Single
- ☐ Widowed

Income* Range:

- ☐ $0 – 30,000
- ☐ $30,001 – 59,999
- ☐ $60,000+

Income is not a factor for eligibility

Total number of people living in household: _____

Caregiver Demographics

Home Location:

City: _____
County: _____

Race/Ethnicity: *(Check all that apply)*

- ☐ Hispanic / Latinx
- ☐ African American / Black
- ☐ American Indian / Alaska Native
- ☐ Arab American / Middle Eastern
- ☐ Asian
- ☐ Native Hawaiian / Pacific Islander
- ☐ White / Caucasian

Military Service:

- ☐ Active duty with _____
- ☐ Veteran

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