



UCP of HSV and the TN Valley Inc.
2075 Max Luther Dr.
Huntsville, AL 35810
Stephanie Wright- (256) 852-5600



August 1, 2016

Dear Parent/Guardian:

UCP was awarded grant funds from the Alabama Department of Child Abuse and Neglect Prevention (ADCANP), otherwise known as Children's Trust Fund (CTF), to continue the HEARTS program providing respite care (temporary, short-term breaks) for families of children under the age of 19 with disabilities.

To enroll in the HEARTS program for the 2016-2017 grant year, please complete and return **HEARTS Voucher Enrollment Form (including proof of diagnosis) and "10 Questions About You" Form**. Upon receipt of completed application, UCP will send Service Report/Approval Form. The grant year will have 4 quarters. (August 1st-October 31st, November 1st-January 31, February 1st- April 30th, and May 1st-July 15th. Families will be approved on a first-come-first-serve basis for a **maximum of \$100 per quarter for respite services**. Participants will be responsible for training and hiring a trustworthy respite provider. (Respite provider must be at least 18 years old and not live in the same household.) Participants will choose the rate of pay with a maximum of \$10 per hour. Participant will complete and return Service Report, and UCP will mail check payable to parent/guardian.

In addition to respite services, HEARTS provides parent training including CPR and First Aid as well as parent support groups. Also, UCP offers scholarships for individual counseling by a licensed counselor. Please visit UCP's website (www.ucphuntsville.org) or call for additional information about programs or resources.

UCP realizes the value of respite services and continues to strive to secure additional funding. Our staff appreciates all of the phone calls, emails and letters voicing the importance of respite to legislators and will continue to request your help in securing funds for respite.

Thanks,

Stephanie Wright



HEARTS Voucher Respite Enrollment Form



(**HEARTS serves families of children under the age of 19**)

Child's Name: _____ Age _____ D.O.B. _____
(Child must be under the age of 19.)

Diagnosis: _____ (REQUIRED: Attach Proof of Diagnosis or developmental delay – this may be records from a medical facility or another service agency.)

Parent/Guardian Name: _____ D.O.B. _____

Spouse's Name (if applicable) _____ D.O.B. _____

of children: _____

Email address: _____

Mailing Address: _____

City: _____ AL Zip: _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Referred by: _____ Phone: _____

Please read and initial each line below:

____ I understand that service reports must be mailed to UCP before expiration date for the specific grant cycle in order to receive payment. (Please allow 7-10 business days for check to be mailed.)

____ I understand that it is my responsibility to select and train a trustworthy respite provider. (**Respite provider must be at least 18 years old and not reside in the home.**) UCP or CTF will not be held responsible for any actions taken by the selected respite provider.

____ I understand that I must mail this form (**Voucher Respite Enrollment Form**), "**10 Questions About You**", and **proof of disability/diagnosis** to complete application process.

____ I understand that CTF requires UCP to collect program surveys from all participants and agree to complete and return survey when requested.

I agree to the above conditions and funds will be used ONLY for respite care.

Signature: _____ Date: _____

**Mail to: United Cerebral Palsy
Attn: Stephanie Wright
2075 Max Luther Drive
Huntsville, AL 35810**



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Participant ID

Participant ID input boxes

Enrolled Date (month/day/year):

Enrolled Date input boxes

Completed Date (month/day/year):

Completed Date input boxes

10 Questions About You

Instructions:

Please mark your answer to the following questions about yourself. Your answers will be kept confidential. If you have any questions, please notify the program staff. **USE DARK (BLUE/BLACK) PENCIL / INK**

1. What is your sex? Female Male

2. What is your age in years?

3. What is your current relationship status?

- Single, never married
- Committed relationship (not married)
- Married
- Separated
- Divorced
- Widowed

4. Are you of Hispanic, Latino or Spanish ethnicity? Yes No

5. What is your race? You may mark more than one.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian / Pacific Islander
- White
- Other - list below

Other race list input box

6. What is the highest level of education you have attained?

- Did not finish high school
- High school diploma / GED
- Trade school / technical certificate
- Associate's degree
- Bachelor's degree
- Master's degree / advanced degree

7. What is your current employment / job status?

- I work full time
- I work part time
- I am retired
- I am a student
- I am disabled
- I am unemployed

8. What is your current yearly income?

- Less than \$10,000
- \$10,000 - \$19,000
- \$20,000 - \$29,000
- \$30,000 - \$39,000
- \$40,000 - \$49,000
- \$50,000 - \$59,000
- \$60,000 - \$69,000
- \$70,000 - \$79,000
- More than \$80,000



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9. Are you currently incarcerated (in jail)? Yes No

10. How many children do you have? Mark all that apply.

Your biological child(ren)

How Many?

Your foster child(ren)

How Many?

Your step-child(ren)

How Many?

Your adopted child(ren)

How Many?

Your grandchild(ren)

How Many?

How many of these children have special needs?

What is / are the special need(s)?

- ADD/ADHD
- Aphasia/Dysphasia
- Apraxia/Dyspraxia
- Auditory Processing
- Autism/Aspergers
- Cystic Fibrosis
- Cerebral Palsy
- Developmental Delays
- Down Syndrome
- Dyslexia
- Emotional/Behavior Disorders
- Fetal Alcohol Syndrome
- Fragile "X"
- Hearing Impaired
- Learning Disabilities
- Intellectual Disability
- Neurological Disabilities
- Seizure Disorder
- Support Groups
- Visual Impairment
- Other - list below