



**Alabama Respite ®
Respite Voucher Enrollment Form**

Mail to: Alabama Respite
1856 Keats Drive
Huntsville, AL 35810

PLEASE PRINT CLEARLY:

Today's Date: _____

How did you hear about this respite program? _____

Name of Parent or Guardian: _____

Street or Post Office Box Address: _____

City: _____ AL Zip: _____ County: _____ Email Address: _____

Home Phone: (____) _____ Work Phone: _____ Cell: _____

Name of Person you care for: _____ Date of Birth _____ Age _____

MALE FEMALE (circle one) Your relationship to person you care for: _____

What is their diagnosis/disability: _____ **(MUST ATTACH PROOF OF DIAGNOSIS THAT CLEARLY INDICATES INTELLECTUAL DISABILITY?)**

Where do you receive respite services now? (Medicaid Waiver is the service that comes to your home to care for your loved one.) Circle your answer:

- Yes No Medicaid Waiver
- Yes No UCP HEARTS Voucher Program
- Yes No Alabama Head Injury Foundation
- Yes No AAA (Alabama Cares)
- Yes No Day Services
- Yes No Other (list): _____

PLEASE READ CAREFULLY AND INITIAL EACH BLANK BELOW:

_____ I understand, that in order to receive reimbursement for respite services, my voucher Form must be completed for respite hours used only for the approved dates.

_____ I understand that if I do not get the voucher to Alabama Respite by the due date stated I will not be paid for the voucher.

_____ I understand that after I am approved for respite, I will be responsible for selecting and training a trustworthy respite provider. (Provider must be at least 18 years old and not reside in the home.) Neither Alabama Respite nor UCP will be held responsible for any actions taken by my selected provider.

_____ I understand that the reimbursement checks will be mailed to the address submitted on the voucher. My check will come several weeks after I turn in my voucher. **For any questions about your voucher or reimbursement you may call at 1-866-737-8252 or email at info@alabamarespite.org.**

_____ I agree to use the funds ONLY for respite care.

My signature on the form signifies that all information provided to Alabama Respite is correct, and that this request to enroll **does not** guarantee that I will receive a respite voucher.

Signature: _____ Date: _____

jAlabama Lifespan Respite Resource Network™ Voucher Respite Program

Demographic Form

(You only have to complete once a year)

Today's Date: _____

As a Primary Caregiver, please tell us a little bit about yourself.

Age: _____

Sex: Male or Female

What is your ethnic background? Check one:

Caucasian African-American Hispanic Asian-American

Native American Bi-racial Other: _____

What is the **highest level of education** that you have? Check one:

Do not have high school degree

Completed high school or GED

Some college

2-year college/Technical school degree

4-year college degree

Post-college degree (e.g., Master's, Ph.D., M.D.)

What is your **total gross household income** before taxes in the current year? Check one:

less than \$7,000 \$7,000-\$13,999 \$14,000-\$24,999

\$25,000-\$39,999 \$40,000- \$74,999 \$75,000 or more

In what Alabama County do you live? _____

Tell us about the person you care for:

Age _____ Male _____ Female _____

Diagnosis _____

Alabama Lifespan Respite Resource Network ®

Voucher Respite Enrollment Procedures

What is the Alabama Respite Voucher program?

Alabama Respite currently has funding for caregivers of children or adults with an intellectual disability (formerly called mental retardation) or cognitive delay. Respite funds may ONLY be used for respite care! If your loved-one has a chronic illness or other type of disability, we welcome your application, as it will assist Alabama Respite in seeking additional funding to meet caregiver needs throughout Alabama. Our staff will contact you if we know of additional respite resources you may qualify to access.

How Do I apply?

1. Complete the two attached forms:

- Enrollment form
- Demographic data form

2. Attach **proof of individual's diagnosis**

Proof of diagnosis should be in the form of a medical doctor's statement of diagnosis including intellectual disability or one page from other service agency with diagnosis of intellectual disability clearly stated such as in IEP or IFSP.

3. Steps 1 and 2 must be completed before your application can be processed!

4. **Mail to:** Alabama Respite, 1856 Keats Drive, Huntsville, AL 36810

How do I use the Voucher Respite Care Program?

1. If funds are available, you will be mailed a voucher for amount of money you are approved to use.
2. Respite funds can be used **only** during the dates stated at the top of the voucher.
3. You may select, hire and train a respite provider of your choice and schedule respite care. Your provider **MUST** be at least 18 years old and not reside in the home.
4. Return your completed form by the due date stated on the form. **Late forms will not be paid.**
5. To be reimbursed for respite, complete your voucher and mail it back to the address at the top of the form.
6. Alabama Respite will reimburse you, the caregiver, to pay your respite provider **up to \$10.00 per hour**. Any amount over \$10.00 per hour will be paid by you.
7. Reimbursement checks will be made payable to you (not your respite provider) and **may take up to 8 weeks to arrive**. You are responsible for payment to your respite care provider.

If you have a question, you may call 1-866-737-8252 or email info@alabamarespite.org.

Alabama Lifespan Respite Resource Network ®

DMH Respite Voucher Instructions

Please review these instructions carefully! Failure to follow instructions may result in rejection or delayed payment of your voucher. Vouchers that are not filled out completely and correctly will be returned.

DO

1. Fill out the voucher form completely, including all signatures.
2. Write clearly.
3. Fill out the voucher for only the dates printed at the top of the voucher.
4. Write on the back of the voucher or copy the voucher and attach extra sheets if you run out of space on the front of the voucher.
5. Fill out dates and hours correctly on your voucher.

Example: If you received 3 hours of respite services on April 20th and paid \$10 an hour, your voucher would read:

Date 4/20 Number of Hours 3 Rate per hour \$ 10 = Total Amount \$ 30

6. Return your voucher by the closing date.
7. Call (866)737-8252 or email info@alabamarespite.org if you need assistance in filling out your voucher.

DO NOT

1. Fill out the voucher for dates in the future. You must have already received the services before submitting your voucher.
2. Expect immediate reimbursement - it can take up to 8 weeks for you to receive your check.
3. Call to ask about your check until 8 weeks after you sent in your voucher.
4. Use a respite provider who is under 18 years of age or lives in your home.
5. Expect reimbursement of more than \$10 an hour.
6. Expect to be paid for more than the amount approved for the voucher.