



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



September 8, 2020

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 2020-2021 grant year, please complete and return **HEARTS Voucher Enrollment Form and "15 Questions About You" Form**. Upon receipt of completed application, UCP will send Service Report/Approval Form. The grant year will have 4 quarters. (Sept. 1st-November 30th; December 1st-February 28th; March 1st-May 31st; and June 1st- Sept. 15<sup>th</sup>. Families will be approved on a first-come-first-serve basis for a **maximum of \$150 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 as well as parent support groups. Please visit UCP's website ([www.ucphuntsville.org](http://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

Completed Date (month/day/year):

# 15 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  Committed relationship (not married)  Married

4. Have you ever been separated?  Yes  No

5. Have you ever been divorced?  Yes  No

6. Have you ever been widowed?  Yes  No

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

8. What is your race?

American Indian or Alaska Native  Asian American/Asian  African American/Black  
 Native Hawaiian / Pacific Islander  European American/White  Bi-racial  
 Other - please list

9. 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

10. What is your current employment / job status?

Full time employment (35 or more hours a week)  
 Part time employment (1-34 hours a week)  
 Employed, but number of hours change from week to week  
 Temporary, occasional, or seasonal employment or odd jobs for pay  
 Not currently employed

11. If you are currently NOT employed, are you:

Actively looking for work  
 Retired  
 Disabled  
 NOT actively looking for work



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**12. What is your current monthly income?**

- Nothing, I am unemployed
- \$100-\$799
- \$800-\$1,599
- \$1,600-\$2,499
- \$2,500-\$3,299
- \$3,300-\$4,099
- \$4,100-\$4,999
- \$5,000 or more

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

**14. 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?

**15. 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