



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 application, as noted:

Email/scan: mkluth@eastersealscolorado.org

Postal mail: Colorado Respite Care Program

ATTN: Meghan Kluth

5755 W Alameda Avenue

Lakewood, CO 80226

Questions: (303) 233-1666 x 257

Do I qualify?

I am a family caregiver and provide 40 hours or more of care weekly.

I understand that this statewide program is not income-based and is available for any age or disability.

I understand this program is designed as a Payer of Last Resort for families in need of respite care services.

I am not scheduled to receive respite care services within 30 days of this application.

Family Caregiver Qualifications to Receive a Respite Voucher:

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:

1. The family caregiver provides care for a family member, friend, or neighbor (broadening the definition of "family"); both individuals live in Colorado.
2. The care recipient has a **"special need"** (please see explanation box on following page).
3. The caregiver may not sign up for respite with a pre-approved provider agency without **first being notified in writing** by the Colorado Respite Care Program.



COLORADO
Office of Community
Access & Independence
Division of Aging & Adult Services



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coloradospitecoalition.org

4. 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.*
5. 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 and **not scheduled to receive services** from a formal respite care program within 30 days of application.

Caregivers are **not guaranteed** the maximum amount of funds available; some may receive smaller vouchers based on the type of respite requested.

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.

For additional and/or updated information about this respite voucher system (definitions, selected/contracted respite provider agencies, other helpful links and information), please check out the website, www.coloradospitecoalition.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 legibly and provide accurate contact information on your application.

If you have questions or concerns about your application, please contact Meghan Kluth at mkluth@eastersealscolorado.org or (303) 233-1666 x257.

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.



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CHRONIC CARE COLLABORATIVE
Attracting for the use in four districts of Colorado

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Family Application for Colorado Respite Care Program Respite Voucher

Family Caregiver
(family, friend, or neighbor)

Individual in Need of Care

Please print

Name: _____

Prefers to be called: _____

Date of Birth (DOB):
MM/DD/YYYY _____ Gender: Male | Female

Mailing Address: _____

City/Town: _____

Zip Code: _____

Home County: _____

Phone Number: _____ Preferred

Alternate Phone: _____ Preferred

Email: _____ Preferred

DOB: _____ Male | Female

Caregiver's relationship to person 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 through a Family Caregiver Agreement.

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 Single
Divorced / Separated Widowed

Income: Check the appropriate income range for the one who provides the care*

\$0 – 30,000 \$30,001 – 59,999 \$60,000 +

*Income is not a factor for eligibility

Caregiver Demographics

Home Location:

City: _____

County: _____

Ethnicity: (Check all that apply)

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

Military Service:

Active duty with _____
Veteran

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