

RESPITE VOUCHER APPROVED PROVIDER APPLICATION
Colorado Respite Care Program – Respite Voucher Care Providers

The Family Respite Voucher Program accepts applications from providers on a rolling basis. This program will continue in the future as funding permits.

Meghan Kluth

Program Manager, Colorado Respite Care Program
5755 W Alameda Ave
Lakewood, CO 80226
mkluth@eastersealscolorado.org
303-233-1666 x257

Elle Billman

Program Assistant, Colorado Respite Care Program
5755 W Alameda Ave
Lakewood, CO 80226
ebillman@eastersealscolorado.org
303-233-1666 x225

PURPOSE OF REQUEST:

The Colorado Respite Care Program is beginning a voucher program for families in need of respite care. Vouchers will be available statewide and across the lifespan. Respite is planned or emergency care provided to a child or adult with special needs in order to provide temporary relief to family caregivers who are caring for that child or adult.

The Colorado Respite Care Program is seeking applications from qualified agencies currently providing respite services in an effort to respond to the respite care needs of Colorado's family caregivers of individuals with special needs, chronic conditions, older adults, foster children and kinship relations (i.e. grandparent and grandchild).

Applicants will demonstrate the capacity to achieve positive outcomes for families in communities through **planned and/or emergency care** provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child, adult, older adult, foster child or kinship relation.

VOUCHER TERMS:

Funding for agencies is based on consumer choice. Applicants will submit a proposal to become an approved respite care provider for the family voucher program. After a family receives a voucher award, they shall choose a provider from our approved provider list. If an eligible agency is selected, the family will coordinate service with the agency directly. Upon completion of service to a family, the agency shall submit an invoice based on the approved cost per hour to Easter Seals Colorado for reimbursement by the 5th of the month following last date of service. **Vouchers will be awarded on a first-come, first-serve basis to families regardless of geographic location or needs. No agency is guaranteed funding as providers are selected by consumers.**

Prior to submitting invoices for payment, providers must ensure that all consumers complete a caregiver survey provided by Easter Seals Colorado. Surveys will be used for evaluation of the voucher program.

ELIGIBILITY:

To qualify, the organization at minimum:

- Must be based in and providing services in the state of Colorado (all funds must be used to provide services to Colorado families).

- Must be a **nonprofit agency, for-profit or governmental entity.**
- Must be overseen by a board of directors or governing committee.
- Must conduct fingerprint-based background checks on all providers (staff, volunteers and contracted individuals including family members) supporting voucher program through CBI or equivalent. Please note no services can be provided prior to completion and receipt of fingerprint-based background checks.
- Must carry privacy insurance policy, or be willing to add during voucher program period.
- Must be currently providing respite services including but not limited to adult day service, out-of-home, or in-home respite services to families of children or adults with special needs, foster families, and/or kinship caregivers.
- Must be registered on the Colorado Respite Coalition website as a respite provider at the time of application. If organization is not currently registered, please do so at www.coloradospitecoalition.org.

APPLICATION PROCESS:

Applicants must submit a cover letter signed by its Executive Director expressing interest in participating in the voucher program. The following documents must be attached and provide the information below:

- Proof of nonprofit status (if applicable)
- Certificate of Good Standing from the Secretary of State (501(c)3 organizations only)
- Certificate of Insurance including Privacy Insurance Policy or statement that agency will add Policy during grant period
- Policy/procedures that assure staff providers supporting this grant complete fingerprint-based background check
- Most recent financial year audited statement, if available, or organization's 990
- Completed application (attached)

SUBMISSION INSTRUCTIONS:

- Submit application via email to Meghan Kluth at: mkluth@eastersealscolorado.org or postal mail to: 5755 West Alameda Avenue, Lakewood, CO 80226.
- If you have questions about the submission process or the application, please contact Meghan Baskett at mkluth@eastersealscolorado.org or 303.233.1666 x 257 or 303.820.4761

Colorado Respite Care Program

Voucher Care Provider Application

Name of Organization

Executive Director

Program Location

Primary Voucher Contact name

Title

Phone

Email

What is the population being served?

Ages

Special needs including any limitations

1. How many individuals/families does your respite program serve annually? _____
2. How much notice is required prior to providing services? _____
3. Are you able to provide planned respite care? **Yes / No** How much notice do you require? _____
4. Are you able to provide emergency notice (within 24 hour)? **Yes / No**
5. What type of respite care services does your agency provide? Please list all services available for these vouchers. Day Program Overnight Care In-home Care Camp
 Other (please list) _____
6. What geographic area does respite program serve? _____
7. What is the program cost of one hour of respite care? _____
8. What is the staff to participant ratio? _____
9. Approximately how many clients are currently on the program's waitlist? _____

Agencies must be registered on the Colorado Respite Coalition online Respite Locator. If not currently registered, please register online at www.coloradospitecoalition.org.

Is your agency interested in receiving funding announcements from the Colorado Respite Coalition? **Yes / No**

If you have additional application information, please attach it to this page.

Colorado Respite Care Program Respite Grant
Fingerprint Background Check Documentation

As a representative of _____ (agency), I will conduct fingerprint-based background checks on all providers serving families with Colorado Respite Care voucher funds. I understand that this is a requirement for receiving any funding from the Colorado Respite Care

Project.
Name: _____

Signature: _____

Date: _____