RESPITE APPLICATION CHECKLIST

To minimize the amount of time it takes to process your respite application, please complete the following checklist. ***Failure to return the application in its entirety may delay reimbursement of funds.***

Before returning, please check the following:

____ **Respite application agreement** is completed and signed.

____ Dated **receipts** for reimbursement of care provided by an in-home agency, long-term care facility, adult day program or medical supplies are attached.

____ If care is provided by a family member, friend or private individual, **Respite Subsidy Invoice** is completed in its entirety. ***Please note: we cannot reimburse for care provided by applicant's primary caregiver. This grant is intended to give the primary caregiver a break from their daily responsibilities.***

____ **W-9 Request for Taxpayer Identification Form** is completed with the **care recipient's name**, address, social security number and signature, or signature of care recipient's responsible party/Power of Attorney.

All copies received must be legible, easy to read and in a format that is understandable.

Definitions of terms used in application

Family caregiver- Family member, friend, neighbor or other informal caregiver responsible for the primary care of the care recipient who is requesting a temporary break from his/her role.

Care Recipient- Individual receiving care by the family caregiver. This individual requires assistance with at least two or more activities of daily living (ADLs).

Respite Care Provider- Individual, agency, or other entity providing care, as a means for the family caregiver to be temporarily relieved of their caregiving role.

Activities of Daily Living- Routine tasks performed for maintenance of daily functioning and independence to include bathing, dressing, toileting, cleaning, ambulation, etc. See application for checklist.

Frederick County Senior Services Division
Family Caregiver Support Program
GUIDELINES FOR USE OF RESPITE SUBSIDIES

This grant is designed to provide temporary relief for family caregivers of individuals age 60 or older or a person with dementia of any age and requires assistance with 2 or more Activities of Daily Living. Funds can also be used for Grandparent or Kinship caregivers applying for assistance with a child under 18, or relative caregivers over the age of 55 caring for adult children with a disability who are between 19-59 years of age. The caregivers must be age 55 years and older and cannot be the child's natural or adoptive parent.

This subsidy is designed to give caregivers temporary relief from their day-to- day caregiving responsibilities; not to reimburse for the daily care they provide.
Possible use of this fund might include:

- Short-term respite provided at an adult day center, at home, or in a licensed facility such as an assisted living facility or nursing home
- Prescription medications, medical equipment purchases, nutritional drinks (Ensure, Boost), incontinence supplies and short-term rental of medical equipment

  ****Please note:** receipts for items that are reimbursed by a Health Savings Account/Flex Spending Account cannot be submitted for reimbursement from this program.

Grants are available on a one-time basis up to $700 per client, per year, **October 1, 2021 – September 30, 2022**. **Subsidy funds are contingent upon the availability of federal grant funds. Subsidies will be available until grant funds are depleted, first come, first served.**

Guidelines for eligibility

1. The care recipient must be age 60 or older or have dementia and require assistance with 2 or more Activities of Daily Living.
2. Completion of the application, W-9 form and explanation of funding request with signature of care recipient or responsible party. A receipt is required to show the care provided by an agency, facility or individual or for items purchased and must be submitted in order to receive the subsidy. If a private person is providing services, an invoice must be completed including costs and days of the week they have provided care.
3. Although a reimbursement check will be paid to the care recipient for payment of services rendered, the Frederick County Senior Services Division must receive an invoice from the care provider agency which indicates charges. A check will be sent directly to the care recipient by Frederick County. The amount will not exceed $700. At the end of the year a W-2 will be sent to the individual receiving funds from the County. **Please note: Family caregiver and/or care recipient assumes full responsibility for paying the provider of services. The Caregiver Support Program simply provides a $700 reimbursement stipend.**
4. Care recipient must be a resident of Frederick County, Maryland.

- All requests will be received and reviewed by the Caregiver Program Coordinators and reviewed within 7 working days of receipt of completed application. The caregiver will be contacted via mail or email with approval status.
- Incomplete applications will be returned with a request for the missing information.

For assistance completing forms call the Caregiver Support Program at 301-600-6001.

Return completed applications:

Via Mail	Fax	Email
Frederick County **Senior Services Division** **1440 Taney Avenue** **Frederick, MD 21702**	**301-600-3554**	**mlohman@FrederickCountyMD.gov**

FREDERICK COUNTY SENIOR SERVICES DIVISION
RESPITE CARE FUNDS
APPLICATION/REQUEST FOR FUNDS

CAREGIVER/APPLICANT INFORMATION:[informal caregiver responsible for primary care of care recipient]

Name:_____

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Relationship to care recipient: _____

***Family Caregiver Personal Information**

Race_____ Hispanic or Non-Hispanic (circle one) Gender_____
Marital Status: _____ # in Household_____
Is anyone in your home a Veteran? _____ Yes _____ No If Yes, who? _____

Please complete the following information about the person for whom you are providing care.
CARE RECIPIENT INFORMATION: [individual receiving care by caregiver listed above]

Name: _____

Street Address (If different than above): _____

City: _____ County: _____ State: _____ Zip: _____

Home Phone: _____ Phone #2: _____

Date of Birth:_____ Physician:_____

Primary Health Concern:_____

Care Recipient's Power of Attorney: _____

***Care Recipient Personal Information:**

Race_____
Hispanic or Non-Hispanic (circle one) Gender_____
Marital Status: _____ # in Household_____

* Personal information is used for statistical purposes only in accordance with federal grant requirements. Providing this information is optional and has no impact on your eligibility or participation in the respite care program. This information is confidential.

CARE RECIPIENT/Activities of Daily Living

Please mark the statement that best describes the person you provide care for on a regular basis.

FUNCTIONAL ASSESSMENT (must need assistance with **at least** 2 or more activities of daily living)

TASK	Does independently	Needs some assistance	Needs total assistance
Eats			
Bathes			
Takes medications			
Performs household chores			
Uses toilet			
Walks			
Gets in and out of bed			
Gets dressed			
Personal hygiene – brushing hair, shaving, brushing teeth, washing face and hands, etc.			

COGNITIVE BEHAVIOR ASSESSMENT

SITUATION	Never/Almost Never	Sometimes	Often/Always
Disorientation- Difficulty determining the day/time/year, where they are or who people are.			
Suspicious or accusatory of others.			
Difficulty with comprehension or expression of thoughts/words.			
Seems or expresses worry, nervousness, anxiety, restlessness, irritability.			
Seems or expresses feelings of hopelessness.			
Difficulty sleeping, eating or is weepy.			
Wandering or has gotten lost.			
Is agitated, yells, threatens or is combative.			
Throws objects, hits or punches others.			
Has ability to recognize dangers i.e. leaving a stove on, safe smoking habits (if person smokes) etc.			

RESPITE SUBSIDY AGREEMENT

The Frederick County Senior Services Division, through grant funding, Title III—Part E, National Family Caregiver Support Act, has developed a respite care subsidy program for one-time, short-term or emergency respite care up to $700 per person per year.

The program is designed to offer financial support to family caregivers to purchase one-time, short-term or emergency respite care, as well as for emergency support services and medical care/equipment to enable **caregivers to be temporarily relieved of their caregiving responsibilities- not to reimburse for the daily care they provide.**

Subsidy allocations will be considered upon completion of required paperwork, including agreement to the conditions listed below. Respite funds are available on a limited basis and the program may be suspended or terminated at any time based upon funding availability and grant requirements.

I. I understand that as the care recipient/responsible party, I am choosing my own care provider and the Frederick County Senior Services Division is not responsible for this choice.

II. I understand that the allotment of respite funds from the Frederick County Senior Services Division does not imply endorsement or recommendation of my chosen supplies, services, or vendor by the Frederick County Senior Services Division.

III. I agree that I chose on my own accord the respite care vendor and that the funds I receive from the Frederick County Senior Services Division will be used to pay said vendor in a timely manner.

IV. I understand that the subsidy from the Frederick County Senior Services Division will pay up to the amount of $700 per grant year. I will assume full responsibility for payment directly to the vendor.

V. I agree to complete an evaluation survey of the program after I have received the respite care services in order to provide valuable feedback, which will be used by the Program Coordinator when reporting and applying for additional funding.

VI. PLEASE NOTE: Applications received following the death of a care recipient will not be considered for reimbursement unless the application and necessary supporting documentation (receipts, invoices etc.), has been completed, submitted, and approved prior to death.

By signing below I agree to the above statements and understand that these funds are being provided in good faith by the Frederick County Senior Services Division. I also agree that the information provided is true and correct to the best of my knowledge. I understand that information provided is confidential except for demographic information that may be used for statistical reporting purposes.

_____ _____

Signature of Care Recipient or Responsible Party Date

For use by the Frederick County Senior Services Division Staff:

_____ APPROVED

_____ DECLINED. State reason: _____

_____ _____

Signature of Program Coordinator or Designee **Date**

Frederick County Senior Services Division
Caregiver Support Program
Respite Subsidy Invoice

This form is to be used only when respite services are provided by a private individual.

We cannot reimburse for care provided by applicant's primary caregiver. This grant is intended to give the primary caregiver a break from their daily responsibilities.

Respite subsidy payments for a private in-home care provider are considered income by Frederick County's Finance Division. The Care Recipient will receive a federal IRS form 1099-MISC if respite subsidy payments for this type of respite are $600 or more within the calendar year.

Care Recipient Name: _____

Respite Care Provider Information
Name: _____Phone: _____
Address:_____
Relationship to Care Recipient: _____

In-home respite care was provided to _____ (care recipient) by _____ (respite care provider) on the following dates and times:

Date	Time	Hours	Rate of Pay	Total
		Total	Total	Total

Respite Care Provider Signature: _____
Date: _____
Respite Care Recipient/Responsible Party Signature: _____
Date: _____