Southwest Colorado Respite Recourses (SCoRR)

Welcome to the Southwest Colorado Respite Resources Voucher Program! This program is a resource for family caregivers who have limited access to respite care and/or other supports through current systems. The purpose of the program is to meet planned respite needs for unserved and underserved family caregivers by providing financial assistance to access respite.

Application Instructions:

Caregivers of individuals of all ages and special health care needs are welcome to apply. Please fill out the application and return it via email or post mail. All sections of the application must be complete, if you have questions about the application process or this form please contact us so we may better assist you. If you provide care for more than one care recipient please complete a separate application for each individual.

Voucher awards will be distributed on the 1st and 15th of each month via postal mail. If these dates fall on a weekend or holiday, distribution will occur the following business day. Voucher funds can only be used with *approved providers* within the award term. Funding is not guaranteed.

Completed applications can be submitted to:

Post Mail :

SCoRR

135 Country Center Drive -STE F 62

Pagosa Springs, CO 81147

Email: scorr970@gmail.com

Eligibility Checklist: *Must meet all listed requirements to be considered for voucher funds*

1. The family caregiver provides unpaid care for a family member, friend, or neighbor; recipient must reside in Colorado, proof of residency will be required.

2. Family caregiver provides a minimum of 40 hours of care per week.

3. The care recipient has a "special need" (please see explanation box on following page)

4. Respite services will be delivered by an *approved provider*. (The caregiver may not sign up for respite care with approved provider without first being notified in writing of voucher approval)

5. The caregiver is able to utilize the respite voucher over an period of six (6) months or by the operation date on voucher approval letter.

6. The family is not currently receiving any funding that can be used for respite care)i.e. Medicaid waiver, Area Agency on Aging voucher). You may receive a respite voucher if you are currently on another funding wait list.

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

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.

Important Program Information:

Vouchers are financial assistance to support unpaid family caregivers in accessing respite. All eligibility criteria must be met and applications must be complete. Voucher award letters will be distributed on the 1st and 15th of each month via postal mail or email (please check preferences) Follow instructions on the voucher award letter to utilize the respite voucher.

Voucher recipients select an *approved provider* and schedule services within the award term noted on the letter. **F**unds may only be used for services that occur between the award date and expiration date. All funds will paid directly to the approved provider. Funds may only be used for the care recipient(s) on the application.

Vouchers will be awarded on a first-come, first-served basis to those who qualify. Voucher awards range from $250.00 - $1,000.00. Eligible families who have not previously received a voucher will be given priority. Families may receive a maximum of $2,000.00 from this program in one calendar year.

*Criteria for vouchers are subject to change. Funding is limited and no awards are guaranteed.

Approved Providers:

A current list of *approved providers* will be included in award packet and is available online or by request.

Caregivers must agree to work with authorized *approved provider* agencies approved by *SCoRR*. Individual (independent) providers - including other family members, friends, or registered providers - may not be used for this respite voucher program. Efforts may be made to contract with the agency of choice in areas that do not have an *approved provider* if eligibility requirements and time constraints are met. Payments will be made directly to providers from *SCoRR*.

Next Steps:

You may be contacted upon receipt of application for information clarification. Please write legibly and provide accurate contact details. SCoRR will contact you via postal mail or email to announce your voucher status. Follow directions on the voucher award letter to use the respite voucher. At the completion of voucher services, the family caregiver will complete an online exit survey that the respite agency will provide.

A completed survey and required documentation must be received to be considered for additional funding.

Application for Southwest Colorado Respite Resources (SCoRR)

Please Print

Family Caregiver

Name: ____

Date of Birth:____

Physical Address: ____

Mailing Address:____

City/Town:_______________________________ **Zip:**_____________________

Phone Number: ____

Alternate Phone:____

Email:____

Please check here if you would prefer to have voucher letter and correspondence sent to email._______

Care Recipient

Name:____

Date of Birth:____

Physical Address: ____

Mailing Address:____

City/Town:________________________________ **Zip:**_____________________

1. Caregiver's relations to care recipient: __________________________________
2. I provide care, supervision, and/or monitoring 40 or more hours per week. Y__N__
3. Where did you learn about our program?______________________________
4. Name of individual who referred you:__________________________________
5. Referral contact information:____
6. May we contact the above individual for additional information? Y__ N__
7. Name(s) of others I authorize to facilitate a respite voucher for me (case manager, referral source, family members who may speak on my behalf):____
8. Please tell us why you need this receipt voucher:

   ____

   ____

   ____

This application is true and accurate. I have completed all sections of the application. I have had the opportunity to review the instructions. I understand respite vouchers will not be paid without prior authorization by the Southwest Colorado Respite Resource program and completion of required documentation.

Caregiver Signautre:____

Date:_______________________

Please tell us little more about yourself and recipient. Information you are providing will help the program with reporting requirements for funding sources.

Care Recipient Information

1. The individual I provide care/supervision for has (check all that apply)

__ Physical disability (please specify) ______________________________

__Behavior concerns __Mental health condition

__ Intellectual /development disability. __ Memory condition (dementia etc.)

__Medical support needs (medication reminders etc.)

__Another diagnosis (please list below)

__ Assistance needs with one or more activities of daily living (feeding, dressing etc.)

2. What, if any, diagnosis exist?

____

____

3. The person cared for is currently receiving in-home or out-of-home respite within the past 60 days? Yes__ No__

If yes, name of program:____

4. The person cared for is currently receiving funding for respite care (i.e. Medicaid waiver, Area Agency on Aging etc.) Yes__ No__

If yes, name of program: ____

Caregiver Information

1. Marital Status:

__ Married /Committed partner in household

__Divorced/Separated __Single __ Widowed

2. Income Range per year:

__ $0-$30,000 __$30,001- $59,999 __$60,000 +

3. Total number of people living in household: _______

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Proof of income required (i.e. bank statement, social security annual statement, etc.)

3. Total number of people living in household: _______

Caregiver Demographics

1. Home Location:

City:_____________________________ County:____________________________________

2.Race/Ethnicity:

__ Hispanic __African American/ Black __American Indian/ Alaska Native

__ Arab American/Middle Eastern __Asian __Native Hawaiian/ Pacific Islander

__ White/ Caucasian

Military Service:

__ Active duty with _____________________ __ Veteran

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