

# Statewide Respite Care Program Provisional Application – for remote/verbal use only

Date of Inquiry: \_\_\_\_\_

**Caregiver:**

Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Care Recipient:**

Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**COMPLETE INITIAL ELIGIBILITY CHECKLIST AND FINANCIAL DECLARATION FORMS VERBALLY.  
ONLY PROCEED IF ELIGIBILITY IS INDICATED.**

**Medical:**

	AIDS/HIV+
	Alzheimer’s disease or related disorder
	Amputation or paralysis of limb(s)
	Arthritis
	Autism
	Cancer
	Cardiac (heart) disorder
	Cerebral Palsy
	Deterioration/weakness due to aging
	Diabetes
	Epilepsy/seizure disorder
	Hypertension

	Intellectual/developmental disorder
	Mental illness
	Multiple sclerosis (MS)
	Muscular dystrophy
	Parkinson’s disease
	Renal disease, dialysis
	Respiratory (breathing) disorder
	Stroke
	Visual, speech, or hearing problem
	Walking: Gait disturbance/unsteady
	Walking: wheelchair or bedbound
	Other:

Is the care recipient alert and oriented?  Yes  
 No (indicate level of cognitive function):  
 \_\_\_\_\_

**Physician:**

Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Financial:**

What is the interim cost share percentage? \_\_\_\_\_ %

Does the caregiver agree to the cost share percentage?

	Yes
	No: REFER TO COUNTY AAA/ADRC

Does the caregiver indicate understanding that this is a PROVISIONAL acceptance into Statewide Respite Care Program, with a full application and in-home assessment required for continued participation?

	Yes
	No: REFER TO COUNTY AAA/ADRC

**COMPLETE CAREGIVER ASSESSMENT REMOTELY/VERBALLY.**

**Disposition:**

Upon consideration of the Initial Eligibility Checklist, Financial Declaration, Medical, Cost Share, and Caregiver Assessment, is caregiver/care recipient accepted PROVISIONALLY onto the Program?

	Yes
	No: REFER TO COUNTY AAA/ADRC and advise of right to appeal.  State reason for denial:

**Coordinator (or designee):**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date