

RESPITE AGREEMENT AND INSTRUCTIONS: PLEASE READ BEFORE COMPLETING THIS FORM

- 1.) The top of the form must be completed in detail. Each day needs to be listed on a separate line including, total hours, time in, time out and amount. The voucher must be signed by both the parent/guardian and the respite care provider. There is a section at the bottom of the first page for the respite provider to complete including name, signature, address and telephone number.
- 2.) There is a \$100.00 maximum daily charge and \$10 maximum hourly charge. If you have more than one adult/child receiving respite care at the same time there is a \$75.00 maximum daily charge and a \$7.50 maximum hourly charge.
- 2.) Once the form has been completed, please mail to: **Carisa Visser at 812 E. Jolly, Suite 114, Lansing, MI 48910.** Payments must be submitted no later than the 9th day of the month following service provided. Payments will be processed on the 25th of each month. The payments will be mailed directly to the respite care provider.
- 4.) Forms that are not completed correctly will be returned. This will cause a delay in payment.
- 5.) When using respite care you are agreeing to provide the family friend/care provider with the provisions necessary to provide care including; emergency information, medical treatments, and general or special care guidelines.
- 6.) PLEASE NOTE: All vouchers for September must be submitted no later than October 31st to receive payment.
- 7.) **RESPITE AGREEMENT: As a parent/guardian enrolled in the Fiscal Intermediary Respite Program you agree to follow the Basic Fact Sheet to include:**
 - Able to follow the consumer's plan of care from the training given by parent/guardian or responsible relative of the adult/child receiving respite as well as emergency procedures;
 - Able to prevent transmission of any communicable disease from self to others;
 - Able to communicate effectively;
 - Able to perform basic first aid; **CPR is required for providers through the Children's Waiver** and available through the CMH training unit. The training is free, but staff must be paid for their time.
 - Must be 18 years or older;
 - Not reimburse parent of anyone under 18, spouse of the person being served, the guardian, or the unpaid primary caregiver;
 - Not reimburse anyone with a substantiated finding of abuse or neglect by a state or federal agency;
 - Pass criminal background check;
 - Recommended to have an annual TB test;
 - Submit vouchers signed off by the parent/responsible party and signed by the care provider for each day; verifying the date, hours and payment amount for the services provided. The voucher must also be signed on the back by the care provider with their address and phone number listed;
 - Provide the family friend/care provider with the provisions necessary to provide care including; emergency information, medical treatments, contact information and general or special care guidelines.
 - Training