

**North Central Texas Area Agency on Aging
Respite Voucher Program – Guide for Families and Providers**

I. General Guidelines for Respite Voucher Program Development

A. Availability of Vouchers:

Vouchers are awarded based on availability of funds. Call the North Central Texas Area Agency on Aging at 1-800-272-3921

B. Recommended Income Guidelines:

- Household income under \$45,000 per year will be eligible for a \$300.00 voucher for three months, one time only.
- Household income over \$45,000 but less than \$60,000 per year will be eligible for a \$200.00 voucher for three months, one time only.
- Care recipient is not currently a beneficiary of a Medicaid Waiver program such as CBA.

C. Eligible Families - Application through the Area Agency on Aging (AAA):

- Grandparents (age 60 and over) raising grandchildren (age 18 or younger) or other relative as parent;
- Spouses caring for a spouse over the age of 60 with dementia or chronic health problems;
- Adult children caring for a parent over the age of 60; or
- Other adults caring for a relative or friend over the age of 60.

D. How It Works:

- **Request for application packet by mail.** Caregivers interested in applying for respite vouchers may call the North Central Texas Area Agency on Aging at 1-800-272-3921 and request a Respite Packet to be mailed to them, or complete the forms on our Caregiver web site at www.dfwinfo.com/hs/aging/caregiver.html
- **Vouchers issued directly to applicant (caregiver).** Once approved, vouchers for respite care will be issued by the AAA and sent to the applicant. The applicant may then use the vouchers to purchase respite service from a provider of his or her choice.
- **Minimum qualifications of respite providers.** Providers must be 18 years of age and can be anyone except immediate family living in the home.
- **Liability issues.** Because the caregiver is given full freedom to hire the respite provider of his or her choice, the liability issues reside between the caregiver and the provider.
- **How is the provider paid?** After respite service is given, the voucher needs to be filled out by the family and the provider and returned to the AAA. The AAA will then send payment to the respite provider.

Respite Care Program Application

Caregiver Information (person requesting the respite)
Please type or print in black or blue ink

Name (first middle last): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County of Residence: _____ **Contact Telephone:** (____) _____

Self-declared annual household income of caregiver: \$_____, _____. _____

Relationship to Care Receiver:

- Daughter/Son Spouse Brother/Sister Niece/Nephew
- Grandparent Grandchild Parent/Step-parent
- Step-daughter/Step-son
- Other, specify _____

Why are you requesting respite? (required information)

Caregiver Information

[The following information is optional and for demographic purposes only]

Age of Caregiver: ____ **Education** (highest grade completed): _____

Race/Ethnicity (check one):

- Caucasian African American Hispanic/Latino
- Native American Asian Pacific Islander Multiracial
- Other _____

Employment:

- Full time employed (35 or more hours/week)
- Part time employed (less than 35 hours/week)
- Unemployed
- Full time student
- Part time student
- Other (specify) _____

Sex:

- Female
- Male

Number of Household Members:

_____ Adults _____ Children

Care Receiver Information (child or adult needing care)

Name (first middle last):

Address:

City: _____ **State:** _____ **Zip Code:** _____

County: _____ **Date of Birth:** _____ / _____ / _____

Race/Ethnicity (optional):

- Caucasian
- African American
- Hispanic/Latino
- Native American
- Asian
- Pacific Islander
- Multiracial
- Other _____

Sex (optional):

- Female
- Male
- Adult
- Child

Is the Care Receiver:

The Care Receiver . . . [check all that apply]

- Has special/chronic health care needs
- Has Alzheimer's Disease or other dementia
- Receives other services through the Texas Department of Human Services
- Has Acquired Brain Injury
- Is an elderly, dependent adult (age 60 or older?)
- Is enrolled in a Medicaid Waiver program such as CBA or CLASS?
- Is grandchild being raised by grandparent?
- Receives SSI
- Has developmental disabilities

Applicant recognizes and agrees that the Area Agency on Aging, the Texas Department on Aging and all other agencies participating in this program are providing no direct or indirect services, and the applicant shall hold harmless and indemnify these agencies for any damages or liabilities it incurs arising from this agreement.

Caregiver's Signature

Date

Mail this form to: **The North Central Texas Area Agency on Aging**
P.O. Box 5888
Arlington, Texas 76005-5888

Questions? Call: 1-800-272-3921

*For Office Use Only: Is this application approved? Yes No
If not approved, why:*

AAA Area _____ (for Aging Services only)

Application Number: _____

Approving Agency _____

Program _____

Is this an emergency request? Yes No
Reason for emergency:

Does applicant receive Medicaid Waiver Services: Yes No

Authorizing Signature: _____

Date: _____