



CAREGIVER RESPITE VOUCHER PROGRAM — INSTRUCTIONS

NYSCRC has two Respite Vouchers — one for Kinship Caregivers, and one for caregivers of children and adults with chronic conditions. These instructions apply to both.

The program progresses in four steps: 1) you apply, 2) we review your application and, if approved, send you a voucher, 3) you sign a contract with your respite provider, 4) you submit timesheets. Over the course of the program, you will fill out the following forms:

- Eligibility Determination Form
- Application
- Program Agreement
- Respite Provider Contract
- W9 Form
- Check Request-Timesheet (Individual)
- Check Request-Timesheet (Agency)
- *Survey

Step One & Two:

Fill out and return to us these three forms: 1) **Eligibility Determination Form**, 2) **Application**, and 3) **Program Agreement**. Once we have reviewed the forms, we will send you a letter approving or denying your application (or asking for more information). The approval letter is your voucher.

Step Three:

After you have received your approval letter, you may begin arranging for respite. Please fill out and return to us the **Provider Contract** and **W9 form**. The contract is signed by both you (the primary caregiver) and your helper, aide, or agency (respite provider). Regarding the W9 form, we must have one for either you or your respite provider. When writing out checks, our accounting office requires a W9.

Step Four:

Fill out and submit a **Timesheet**. The Timesheet must be signed by you and your respite provider, and the hours must fall within the 90-day voucher period. Note that we often call respite providers to confirm the hours worked.

Step Five:

Let us know how we did! We are still learning. Thank you in advance for filling out the **Survey** and helping us grow.

*Not all packets include a survey.

WHERE TO MAIL YOUR COMPLETED FORMS

Lifespan of Greater Rochester Inc./NYSCRC, Attn: Rebecca Hyde
1900 S. Clinton Avenue
Rochester, NY 14618

Or email forms to: rhyme@lifespan-roch.org / Or fax forms to: 585-244-9114 attn: Rebecca Hyde

Questions? Contact Rebecca at 585-287-6391; or Kristine at 585-368-5369.



Kinship Caregiver Respite Voucher Program
Eligibility Determination Form

A kinship caregiver is any non-parent caregiver, such a relative or family friend, who provides full time care for a child in their home. Respite gives the kinship caregiver a break from caregiving.

Eligibility Criteria (to be completed by the applicant):

The Kinship Caregiver must meet the following requirements (check all that apply):

- Be the primary family caregiver (and live with the child)
Live in New York state
Have not applied nor received any other forms of support through a NYS respite program

AND:

Care Recipient must meet the following requirements (check all that apply):

- Be a child, under 18 years old, who requires daily parental care or supervision
Is not a foster child, an adoptive child, or part of the KinGAP program

Kinship Caregiver (print name): Date:

Kinship Caregiver (signature):

County: Phone:

Email:

*Referral Contact (print name): Agency:

County: Phone: Email:

*Please don't skip the referral section. We are looking for the name and contact information for a professional -- such a social worker or doctor -- who knows you and your family.



Kinship Caregiver Respite Voucher Program — Application

On this page, please tell us about yourself.

Kinship Caregiver Information	
Kinship Caregiver Name:	
Address:	
City:	Zip: County: State: NY
Email:	
Relationship to Child Receiving Care:	Phone:
<input type="checkbox"/> Grandparent	Gender (caregiver): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
<input type="checkbox"/> Aunt	Birthdate (caregiver): Age:
<input type="checkbox"/> Uncle	Race of Kinship Caregiver (check all that apply)
<input type="checkbox"/> Brother	<input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian
<input type="checkbox"/> Sister	<input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian/Pacific Islander
<input type="checkbox"/> Step-parent	<input type="checkbox"/> White-Hispanic <input type="checkbox"/> White-Non-Hispanic
<input type="checkbox"/> Other (specify)	Ethnicity of Kinship Caregiver (check box)
	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino
Need for Respite Care	
1. Number of kinship children in the household: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> More than 5	
2. Is this request an emergency need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, please describe in detail below:	
3. Have you received NYSCRC Respite Voucher Program funds in the past 90 days? If yes, please provide date of previous voucher: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. How long have you been an informal unpaid caregiver?	
<input type="checkbox"/> less than 6 mos. <input type="checkbox"/> more than 6 mos. and less than 1 yr. <input type="checkbox"/> 1-5 yrs. <input type="checkbox"/> 5+ yrs.	
5. How long since you last had a break from caregiving?	
<input type="checkbox"/> less than 6 mos. <input type="checkbox"/> more than 6 mos. and less than 1 yr. <input type="checkbox"/> 1-5 yrs. <input type="checkbox"/> 5+ yrs.	
6. What has kept you from having breaks in the past?	
<input type="checkbox"/> Money <input type="checkbox"/> Timing <input type="checkbox"/> Available Provider <input type="checkbox"/> Transportation	
<input type="checkbox"/> Other: _____	

On this page, please tell us who you are caring for. If you need to list more than two children, please use the form "Additional Care Recipients" located in your packet.

Care Recipient #1			
Child's Name:			
Address:			
City:	Zip:	County:	State: NY
Birthdate:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Race of care recipient (check all that apply)			
<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Asian		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hawaiian/Pacific Islander		
<input type="checkbox"/> White-Hispanic	<input type="checkbox"/> White-Non-Hispanic		
Ethnicity of care recipient (check box)			
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Non-Hispanic/Latino	

Care Recipient #2			
Child's Name:			
Address:			
City:	Zip:	County:	State: NY
Birthdate:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Race of care recipient (check all that apply)			
<input type="checkbox"/> American Indian/Native Alaskan	<input type="checkbox"/> Asian		
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hawaiian/Pacific Islander		
<input type="checkbox"/> White-Hispanic	<input type="checkbox"/> White-Non-Hispanic		
Ethnicity of care recipient (check box)			
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Non-Hispanic/Latino	

On this page, please tell us who you plan to hire. We use the term “respite provider” to refer to the person or agency you intend to hire. Note, you cannot hire a respite provider that lives in the same household as you.

Respite Provider #1		
Provider Name:		
Address:		
City:	Zip:	State:
Phone #:		Email:
Describe service:		

Respite Provider #2		
Provider Name:		
Address:		
City:	Zip:	State:
Phone #:		Email:
Describe service:		

Respite Provider #3		
Provider Name:		
Address:		
City:	Zip:	State:
Phone #:		Email:
Describe service:		



Kinship Caregiver Respite Voucher Program
Additional Care Recipients

Care Recipient #3			
Child's Name:			
Address:			
City:	Zip:	County:	State: NY
Birthdate:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Race of care recipient (check all that apply)			
<input type="checkbox"/> American Indian/Native Alaskan		<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Hawaiian/Pacific Islander	
<input type="checkbox"/> White-Hispanic		<input type="checkbox"/> White-Non-Hispanic	
Ethnicity of care recipient (check box)			
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Non-Hispanic/Latino	

Care Recipient #4			
Child's Name:			
Address:			
City:	Zip:	County:	State: NY
Birthdate:	Age:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Race of care recipient (check all that apply)			
<input type="checkbox"/> American Indian/Native Alaskan		<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African American		<input type="checkbox"/> Hawaiian/Pacific Islander	
<input type="checkbox"/> White-Hispanic		<input type="checkbox"/> White-Non-Hispanic	
Ethnicity of care recipient (check box)			
<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Non-Hispanic/Latino	



Kinship Caregiver Respite Voucher Program (KCRVP)
Agreement

Please Read and Initial Each Statement Below:

The information in the application for the Kinship Caregiver Respite Voucher Program (KCRVP) is true and complete. If I gave any false information, my application may be denied.

I have read and understand the KCRVP policies and procedures.

I understand that my signature below approves a release of information to the New York State Caregiving and Respite Coalition (NYSCRC), for program purposes only.

I understand that all funds available to me through the KCRVP are to pay respite workers or respite programs for services provided during the voucher period. I understand that these funds cannot be used for any other purpose. I am responsible for any respite charges over the voucher amount I am awarded.

I understand that I am responsible for hiring the respite worker(s) of my choice. I am responsible for determining the rate of pay for respite services. I am also responsible for providing any training or instruction that the respite worker(s) may need.

I will sign and submit respite timesheets promptly. Any unspent balance of my respite voucher will be returned to the program if I have not made prior arrangements by the end of the 90-day voucher period.

I agree to regular program monitoring, including a call to my respite worker or respite program to confirm the hours worked. I will complete and return the required surveys and assessments. I also understand that the KCRVP is a pilot program only, and no continuation of respite services will extend beyond the program.

If I have falsely used the voucher funds, I may be responsible for repayment of the full amount of the voucher. If I have left the program or the care recipient and I have moved out of New York State, I may be responsible for repayment of any unused funds. The decision will be at the discretion of the NYSCRC Kinship Voucher Program Director.

Indemnification: By signing below, I attest that the information contained in the voucher application is true and accurate. I further recognize and agree that the New York State Caregiving & Respite Coalition (NYSCRC) is NOT providing any direct or indirect services. I shall hold harmless and indemnify Lifespan of Greater Rochester, Inc./NYSCRC and any of its representatives for any damages or liabilities I incur arising from this agreement. The completion of this application does not guarantee the approval of the voucher request.

Kinship Caregiver Signature

Date

NYSCRC Program – Office Personnel Signature

Date



Kinship Caregiver Respite Voucher Program
PROVIDER CONTRACT

Kinship Caregiver: _____

Respite Provider: _____

The respite provider agrees to provide services assisting

(Name of child) _____ and in doing so provide the kinship caregiver with a short break. Services may include helping the child or children participate in activities in and outside of the home, such as recreation and leisure activities, the development of new skills, and managing personal care needs. It is expected that the respite provider will assist the child/children in a positive manner that keeps them safe. There may be other duties/activities that are required from time to time. At no time will the respite provider leave the child or children alone.

Contract Period: Respite support will be provided for dates and times agreed upon, and within the 90-day voucher period. Termination of employment by the respite provider requires written notice within a minimum of _____. Should the family decide to terminate employment, they will give the provider **3** days' notice.

Rate of Pay: Both the kinship caregiver and the respite provider have agreed upon the rate of pay. The rate will be noted on the Check Request-Timesheet form.

Hours of service: Both the kinship caregiver and the respite provider have agreed upon the days and hours of care, and this information will be documented on the Check Request-Timesheet form. This form will be submitted to NYSCRC along with any invoices for payment. If the days and hours of service are changed by either party, it is agreed that both parties will give ample consideration and notice to ensure that both can make necessary accommodations.

Duties and Responsibilities: Please list below the detailed duties and responsibilities agreed upon by the kinship caregiver and the respite provider.

Repayment of Funds: If it is determined that NYSCRC's Kinship Voucher funds are received or used fraudulently, the kinship caregiver and the respite provider will be held accountable, including but not limited to repaying voucher funds and/or suspension from the program.



PROVIDER CONTRACT

The parties have agreed to the terms and conditions on the: _____ day of the month of _____ in the year _____.

Kinship Caregiver (print name): _____

Kinship Caregiver (signature): _____

Respite Provider (print name): _____

Respite Provider (signature): _____

Phone Number: _____

Email Address: _____

To be signed by Lifespan/NYSCRC	
Ann Marie Cook, President/CEO	Date
Rebecca Hyde, NYSCRC Program Coordinator	Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number																													
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.



Kinship Caregiver Respite Voucher Program
Check Request/Timesheet — Individual Respite Providers

Fill out the entire timesheet, and please remember to sign and date it on page 2. Missing information may delay payments.

Kinship Caregiver:

Respite Provider:

Name _____	Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____

****The check should be made out to (please circle one):** the caregiver/applicant the respite provider

Respite care was provided for _____ on the following dates:
(Name of person receiving care)

TIMESHEET FOR RESPITE SERVICES PROVIDED						
Date Service Provided	Time Started	Time Ended	Total Hours	Hourly Rate of Pay	Total Dollar Amount	Office Use Only
Totals						



Kinship Caregiver, *Please read the following, and then sign and date:*

The above services have been received and all information is correct. As primary caregiver, I have read the above information and do not hold Lifespan/NYSCRC responsible for the hiring or services provided by any respite provider I choose to hire.

Kinship Caregiver, print: _____

Kinship Caregiver, signature: _____ **Date:** _____

Respite Provider, *Please print name, & sign and date below:*

Respite Provider, print: _____

Respite Provider, signature: _____ **Date:** _____

Email address: _____

*Please mail the completed timesheet to:
Lifespan of Greater Rochester, Inc./NYSCRC, Attn: Rebecca Hyde,
1900 S Clinton Ave., Rochester, NY 14618

Or email to: rhyde@lifespan-roch.org or fax to: (585) 244-9114



Kinship Caregiver Respite Voucher Program
Check Request/Timesheet — Agencies, Facilities, and Organizations

Please mail completed timesheet to: Lifespan of Greater Rochester, Inc./NYSCRC, Attn: Rebecca Hyde, 1900 S Clinton Ave., Rochester, NY 14618 or Email to: rhyde@lifespan-roch.org or Fax to: (585) 244-9114

**Only complete this page if Lifespan of Rochester, Inc/NYSCRC is to pay the respite care agency directly.

TO BE COMPLETED BY RESPITE CARE PROVIDER AGENCY

Agency Name:
Address:
City, State Zip: Phone:
Email:
Program Name:
Program Date(s)/Time(s)
Cost of Program: \$
Total Dollar Amount Requested: \$

Acknowledgment

By circling "was" or "will be" as applicable and signing below: I attest that respite care was / will be provided for the kinship caregiver and care recipient for the date(s) and time(s) identified above. By signing below, I agree to hold harmless and indemnify Lifespan of Greater Rochester, Inc./NYSCRC and any of its representatives for any damages or liabilities that arise from this agreement. The Agency agrees to inform NYSCRC if the child did not attend the full program or if the child attended a partial program or if the child was withdrawn from the program prior to the start date.

Respite Provider — Company

Date

Respite Provider — Representative/Contact (print name)

Date

Respite Provider — Representative/Contact (signature)

Date

Kinship Caregiver (signature)

Date