Respite Care Provider Agreement

North Carolina Lifespan Respite Program Complete colored sections as follows: Caregiver (green): Person receiving the respite voucher award letter and hiring the respite provider **Respite Provider** (yellow): person or agency being hired by caregiver to work Care Recipient (pink): person for whom the care is being provided agree to provide respite care services as described below for printed name of Respite Provider , through this agreement with printed name of Caregiver printed name of Care Recipient at the rate of \$ per hour, day, session, etc. I understand that the Caregiver named above and I will keep the Record of Respite Services form to show the days and hours that respite care is provided by me, as well as the amounts paid to me. The Record of Respite Services form will be submitted to the Caregiver Program Coordinator at the High Country Area Agency on Aging for reimbursement to the caregiver. I further understand that funding available to the Caregiver through the NC Lifespan Respite Program is limited and is not designed to provide an ongoing means of financial support in getting respite care services for his/her care recipient.

Respite Provider		
Description of Respite Care Services to be provided:		
Printed Name of Respite Provider:		
Mailing Address of Respite Provider:		
City:		
I certify that I am not living in the same house as the care recipient.		
Respite Provider Signature:	Date:	
Caregiver		
Printed Name of Caregiver:		
Mailing Address of Caregiver:		
City:	State: Zip:	
Caregiver Signature:	Date:	

Lifespan Respite Vouchers brought to you by the NC Lifespan Respite Project and administered by the High Country Area Agency on Aging



Instructions: submit this completed, signed form along with the completed and signed Record of Respite Services to: Pat Guarnieri, Caregiver Program Coordinator, High Country Area Agency on Aging, 468 New Market Blvd., Boone, NC 28607, or by fax to (828) 265-5439.



Reimbursement cannot be processed until both forms have been completed, signed, and submitted to the Caregiver Program Coordinator at the High Country Area Agency on Aging. Please do not send separately.