

Hypothetical Example Only!

# Respite Care Provider Agreement

2020-2021

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

I, Mary Provider, agree to provide respite care services as described below for  
printed name of Respite Provider

Bob Example, through this agreement with Jane Example  
printed name of Care Recipient printed name of Caregiver

at the rate of \$ \$11.00 per hour.  
dollar amount 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:

Help out of bed, assist with clothes + toileting. Wash clothes, sheets as needed. Make and serve meals and clean up. Sit and talk with him. Remind him to take medications. Help him with walking outside.

Printed Name of Respite Provider: Mary Provider

Mailing Address of Respite Provider: 100 40th Street

City: Gibsonville State: NC Zip: 27244

**\*I certify that I am not living in the same house as the care recipient.\***

Respite Provider Signature: Mary Provider Date: 8/4/20

## Caregiver

Printed Name of Caregiver: Jane Example

Mailing Address of Caregiver: 1000 Market Street

City: Burlington State: NC Zip: 27253

Caregiver Signature: Jane Example Date: 8/4/20

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.**





# Record of Respite Services

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

**Jane Example**  
 Printed Name of Caregiver/Legally Responsible Person  
 1000 Market Street  
 Burlington, NC 27253  
 Complete Mailing Address of Caregiver/Legally Responsible Person  
 122-333-4444  
 Phone Number of Caregiver/Legally Responsible Person

**Mary Provider**  
 Printed Name of Respite Provider (hired individual or agency)  
 100th 400th St.  
 Gibsonville, NC 27244  
 Complete Mailing Address of Respite Provider  
 122-555-6666  
 Phone Number of Respite Provider

**Bob Example**  
 Printed Name of Care Recipient

Date of Service	Respite Provider's Signature	County in Which Respite Care Occurred	Time Care Began	Time Care Ended	Number of Hours of Respite Care Provided this Date	Total Amount Paid for Respite Care this Date
8/18/20	Mary Provider	Alamance	7AM	7pm	12	\$ 132.00
8/19/20	Mary Provider	Alamance	7AM	7pm	12	\$ 132.00
8/20/20	Mary Provider	Alamance	8AM	11pm	15	\$ 165.00
8/25/20	Mary Provider	Alamance	6pm	9pm	3	\$ 33.00
8/26/20	Mary Provider	Alamance	6pm	9pm	3	\$ 33.00
<b>TOTALS FOR THIS RECORD</b>					45 hours	\$ 495.00

Signature of Caregiver/Legally Responsible Person: Jane Example

Date: 8/26/20

Approved for Reimbursement  
 NC Lifespan Respite Voucher Fiduciary Agent

Date: \_\_\_\_\_

Instructions: Submit this completed, signed form along with the completed and signed Respite Care Provider Agreement by mail or fax:  
**Pat Guarnieri, High Country Area Agency on Aging, 468 New Market Blvd., Boone, NC 28607, (f) 828-265-5439**

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