

Hypothetical Example Only!

# Respite Care Provider Agreement

2019-2020

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 w/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 walking outside.

Printed Name of Respite Provider: Mary Provider

Mailing Address of Respite Provider: 100 40th St.

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: 8/1/19

## 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: 8/1/19

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.**





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Record of Respite Services  
North Carolina Lifespan Respite Program



2019-2020

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**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 (third individual or agency)

100 40th Street

Gibsonville, NC 27229

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
8/5/19	Mary Provider	Alamance	7A.M.	7PM	12	\$132.00
8/6/19	Mary Provider	Alamance	7AM	7PM	12	\$132.00
8/7/19	Mary Provider	Alamance	8AM	11PM	15	\$165.00
8/9/19	Mary Provider	Alamance	6PM	9PM	3	\$33.00
8/11/19	Mary Provider	Alamance	6PM	9PM	3	\$33.00
<b>TOTALS FOR THIS RECORD</b>					<b>45 hours</b>	<b>\$495.00</b>

Signature of Caregiver/Legally Responsible Person:

*Jane Example*

Date: 8/11/19

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 Guarneri, High Country Area Agency on Aging, 468 New Market Blvd., Boone, NC 28607, (F) 828-265-5439

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