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

_____ , through this agreement with _____
printed name of Care Recipient *printed name of Caregiver*

at the rate of $ _____ per _____ .
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:

Printed Name of Respite Provider: _____

Mailing Address of Respite Provider: _____

City: _____ State: _____ Zip: _____

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.