North Carolina Lifespan Respite Program
Respite Care Provider Agreement

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.

Description of Respite Care Services to be provided:
____

Printed Name of Respite Provider: ____

Mailing Address of Respite Provider: ____

City:____________________________________ State:____________________ Zip Code:____________________________

Signature of Respite Provider:
____

Date:___________________________

Printed Name of Caregiver: ____

Street Address of Caregiver: ____

City:____________________________________ State:____________________ Zip Code:____________________________

Signature of Caregiver: ____

Date: ____________________________

<u>Instructions</u>: 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

<u>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.</u>