

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 providedI, Susan Smith, agree to provide respite care services as described below for
printed name of Respite ProviderJohn Doe, through this agreement with Jane Doe
printed name of Care Recipient printed name of Caregiverat the rate of \$ 20.00 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:

Assistance with personal care tasks (dressing, bathing, and toileting), medication management, and companionship

Printed Name of Respite Provider: Susan SmithMailing Address of Respite Provider: 222 Main StreetCity: Durham State: NC Zip: 27701***I certify that I am not living in the same house as the care recipient.***Respite Provider Signature: Susan Smith Date: 01/31/2024

Caregiver

Printed Name of Caregiver: Jane DoeMailing Address of Caregiver: 123 Capital RoadCity: Durham State: NC Zip: 27701Caregiver Signature: Jane Doe Date: 01/31/2024

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: Caregiver Program Coordinator, High Country Area Agency on Aging, 468 New Market Blvd., Boone, NC 28607, or by

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.

