ALABAMA LIFESPAN RESPITE

# Emergency Respite Application and Enrollment

## CAREGIVER INFORMATION

| | | |
|---|---|---|
| **Last Name:** | **First Name:** | **MI:** |
| **Street Address:** | **Mailing Address (if different):** | |
| **City:** **State:** **Zip:** | **City:** **State:** **Zip:** | |
| **County:** | **Home Phone:** ( ) **Other Phone:** ( ) | |
| **Email address:** | | |
| **Birthdate:** ____/____/_____ MM DD YYYY | **Gender:** ☐ Male ☐ Female | |

**Race:**

☐ Caucasian/White
☐ African-American/Black
☐ Alaska Native
☐ American Indian
☐ Asian
☐ Native Hawaiian
☐ Pacific Islander
☐ Other

**Ethnicity:**

☐ Not Hispanic/Latino
☐ Hispanic/Latino

**Living Arrangement:**

Does the care recipient live with you? ☐ Yes ☐ No

**Income Range:** Is your gross monthly income above $1,005.00? ☐ Yes ☐ No

**You are:**

☐ Husband
☐ Wife
☐ Son/Son-in-law
☐ Daughter/Daughter-in-law
☐ Other Relative
☐ Grandparent
☐ Parent
☐ Other Non-Relative

Do you provide more than 80 hours of care each week?
☐ YES ☐ NO

**Check if one of the following applies to Care Recipient:**

☐ Care Recipient has a dementia-related diagnosis.
☐ Care Recipient is an adult child with a disability between 19 and 59 years of age.
☐ Care Recipient is a child with a disability between the ages of 0 and 18 years of age.

**Please flip over to complete application.**

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**WHO DO YOU CARE FOR?**

| **Name:** | **MALE or FEMALE** |
|---|---|
| **Date of Birth:** | **Diagnosis:** |
| **Relationship to the person you care for:** | |

## Description of Emergency:

_____
_____
_____
_____
_____
_____

## Third Party Verification: (someone who can/will verify you are a caregiver)

| **Contact Name:** | **Agency:** |
|---|---|
| **E-Mail address:** | **Phone Number:** |

**Is the third-party a (circle one):**

Social Worker Medical Office Staff State Agency Minister Hospital School Teacher Non-Profit Agency

**Other (describe):**

_____
_____
_____

**Caregiver Signature:** _____ **Date:** _____

**STAFF USE ONLY:**

**Approval for Emergency Respite: _____ Date Approved: _____**

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