Alabama Respite ™
Respite Voucher Enrollment Form

Mail to: Java Bennett, Alabama Respite
1856 Keats Drive
Huntsville, AL 35810

PLEASE PRINT CLEARLY: **Today's Date: _____**

How did you hear about this respite program? _____

Name of Parent or Guardian: _____

Street or Post Office Box Address: _____

City: _____ AL Zip: _____ County: _____Email Address: _____

Home Phone: (___) _____Work Phone: _____ Cell: _____

Name of Person you care for: _____Date of Birth_____ Age_____

MALE FEMALE (circle one) Your relationship to Person you care for: _____

What is their diagnosis/disability: _____ **(MUST ATTACH PROOF OF DIAGNOSIS THAT CLEARLY INDICATES INTELLECTUAL DISABILITY?)**

Where do you receive respite services now? (Medicaid Waiver is the service that comes to your home to care for your loved one.) Circle your answer:

Yes No Medicaid Waiver

Yes No UCP HEARTS Voucher Program

Yes No Alabama Head Injury Foundation

Yes No AAA (Alabama Cares)

Yes No Day Services

Yes No Other (list):_____

PLEASE READ CAREFULLY AND INITIAL EACH BLANK BELOW:

_____ I understand, that in order to receive reimbursement for respite services, my voucher Form must be completed for respite hours used only for the approved dates.

_____ I understand that if I do not get the voucher to Alabama Respite by the due date stated I will not be paid for the voucher.

_____I understand that after I am approved for respite, I will be responsible for selecting and training a trustworthy respite provider. (Provider must be at least 18 years old and not reside in the home.) Neither Alabama Respite nor UCP will be held responsible for any actions taken by my selected provider.

_____ I understand that the reimbursement checks will be mailed to the address submitted on the voucher. My check will come several weeks after I turn in my voucher. ***For any questions about your voucher or reimbursement you may call at 1-866-737-8252 or email at jbennett@ucphuntsville.org.***

_____ I agree to use the funds ONLY for respite care.

My signature on the form signifies that all information provided to Alabama Respite is correct, and that this request to enroll **does not** guarantee that I will receive a respite voucher.

Signature: _____ Date: _____

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