



## Alabama Respite Application

<b>Primary Caregiver:</b> (This name must be used consistently on all documentation for this program moving forward):	<b>Last Name:</b>	<b>First Name, MI:</b>
<b>Caregiver Mailing Address</b> (# Street, Apt. #, PO):	<b>City, State, Zip:</b>	<b>County:</b>
<b>Caregiver DOB:</b>	<b>Caregiver Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<b>Preferred Method of Contact:</b> <input type="checkbox"/> Email <input type="checkbox"/> Postal Mail
<b>Email Address:</b>	<b>Phone number with area code:</b>	<b>Is your gross monthly income above \$1,500?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

1. How are you (Primary Caregiver) related to the Care Recipient? Please check one below.

- Parent
- Spouse or partner
- Child
- Court Appointed Legal Guardian
- Sibling
- Grandparent
- Other (please describe): \_\_\_\_\_

2. Please specify military status:

- Served
  - Active
  - Retired
- Never served

3. Please select your race:

- Asian or Asian American
- Biracial or Multiracial
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other (please describe): \_\_\_\_\_

**Questions? Email [al.respite@ucphuntsville.org](mailto:al.respite@ucphuntsville.org) or call 256-859-8300**



**Primary Caregiver Information Continued:**

- 4. Please identify your ethnicity.
  - Hispanic or Latino
  - Not Hispanic or Latino
- 5. Does the person you care for live with you or do you live with them?
  - Yes
  - No
- 6. How many hours of care do you provide in a week (please estimate)?
  - Less than 40
  - Between 40-60
  - Between 60-80
  - 80+
- 7. Are you interested in receiving information about a stipend for mental health counseling services?
  - Yes
  - No
- 8. On a scale of 1 to 10 (1 being little to no stress and 10 being very stressed) please determine your stress level at this time.

9. Please check any respite services you are currently receiving from the list below. If you are currently on a waiting list for any services below, please record the date put on. If none apply, skip to # 10.

<input type="checkbox"/> Medicaid Waiver Home Based Services (respite only, not health insurance) Date:	<input type="checkbox"/> Alabama Cares Date:	<input type="checkbox"/> HEARTS Date:	<input type="checkbox"/> Alabama Head Injury Foundation Date:
<input type="checkbox"/> Veteran's Administration (Aid and Attendance) Date:	<input type="checkbox"/> Autism Society of AL Date:	<input type="checkbox"/> ALS Date:	<input type="checkbox"/> Other (name of program): Date:



**Please read carefully and initial each.**

<p>I understand that in order to receive reimbursement, my timesheet must be completed and returned by the due date provided.</p>	<p>I understand that I am responsible for selecting and training a trustworthy respite provider who is 18 years of age and living outside of the care recipient's home. Neither AL Respite or UCP will be held responsible for any actions taken by my selected respite provider.</p>
<p>Reimbursement checks will be mailed to the address recorded on the submitted timesheet and there can be a <b>90 day</b> waiting period before receiving reimbursement.</p>	<p>I agree to use these funds for Respite Care <b>ONLY</b>.</p>
<p>I understand this application will not be processed unless I have provided <b>proof of diagnosis</b> from a doctor, nurse, or social worker on letterhead.</p>	<p><b>Proof of Diagnosis is attached:</b></p>

**Care Recipient Information:**

<p><b>Last Name:</b></p>	<p><b>First Name, MI.:</b></p>
<p><u><b>Diagnosis</b> (you must provide proof of diagnosis, and indicate whether or not there is an intellectual disability):</u></p>	<p><b>DOB:</b></p>
<p><b>Gender:</b></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Other</p>	<p><b>Race:</b></p>

<p><b>Primary Caregiver Signature:</b> Your typed name serves as your signature and confirmation that all above information is correct:</p>	<p><b>Date:</b></p>
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Email completed form to: [al.respite@ucphuntsville.org](mailto:al.respite@ucphuntsville.org)  
**OR (Not both)**

Mail completed form to: Alabama Respite, 1856 Keats Dr. NW, Huntsville, AL 35810

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