

## Step 1

### 1a) The CRGP Eligibility Criteria and 1b) Supporting Documentation

The CRGP is for those who cannot be served by other caregiver support programs or LTC support programs. **This grant may provide funding for up to five days of respite care in ninety days.**

RCAW staff review grants applications based on program eligibility requirements and will communicate to the applicant if they should move onto Step 2 – The Application.

#### 1a) Eligibility Criteria (to be completed by the CRGP applicant):

**Applicants must meet all three requirements, check the applicable:**

1.  Be the primary family caregiver (does not need to live with care recipient),
2.  Care recipients must live in Wisconsin,
3.  Requires respite care in the absence of any other funding source.

**AND:**

**Care Recipient must meet both requirements below:**

1.  An adult (18+) or a child (under 18) with special needs who requires Care or supervision to meet the person's basic needs.
2.  Has tried or applied for another support first, is in the process of applying, been denied enrollment, or doesn't qualify for any other caregiver support programs or LTC support programs.

**(check only one below)**

- Family Care
- Include Respite I Self-Direct (IRIS)
- Children's Long-Term Care Support (CLTS)
- Children's Community Options Program (CCOP)
- National Family Caregiver Support Program (NFCSP)
- Alzheimer's Family Caregiver Support Program (AFCSP)
- Foster Care Support Services / Kinship Care
- Does not qualify for LTC support programs

**Please read before signing the CRGP Eligibility Criteria Form**

1. Respite Care Association of Wisconsin is not the employer of the respite provider.
2. Before moving onto the application, wait to hear from RCAW if you are eligible for Step 2.
3. You may be eligible to apply for funding up to 4 times a year/every 90 days. You cannot submit four applications at the same time, even though the respite services will be 90 days apart. Funding requests will be subject to the availability of funds.
4. Applications are on a first-come, first-served basis. However, we reserve the right to refuse an application or award a grant at a lesser amount than requested. We do have an appeal process that will be handled by our Board of Directors.
5. There is no minimum or maximum award. Each respite grant request is on a first-come, first-serve basis, contingent upon funds available. RCAW will take into consideration local market rates for respite care, acuity of the care recipient, the provider's experience, and is based on actual hours requested.
6. There is no age requirement of the care recipient. This program is available across the lifespan.
7. No funding request will be approved to pay for respite incurred before award notification.
8. Primary caregivers or care recipients are responsible for selecting, scheduling, supervising, reviewing the credentials, background checks, and training of respite care worker or provider agency chosen.

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By signing below, I agree to the best of my understanding that all eligibility requirements are accurate, and the information in this application is correct. Submittal of this form does NOT constitute the approval of a grant award.

|                                  |  |
|----------------------------------|--|
| Applicant Name (print):          |  |
| County:                          |  |
| Date:                            |  |
| Phone:                           |  |
| Email                            |  |
| How did you hear about the CRGP? |  |
| Applicant Signature:             |  |

### 1b.) CRGP Supporting Documentation

Supporting documentation is required from the applicable ADRC, county, etc. showing that other supportive programs cannot serve the applicant that needs respite care due to the following list of scenarios below.

Has applied for Long-Term Care Waiver support(s) or other programs and:

1. Is not expecting to receive services or approval within thirty (30) days of the application or is on a waitlist,
2. Has been denied Long- Term Care Waiver support(s) or other programs that provides respite services,
3. Has been approved for Long- Term Care Waiver support(s) or other programs that provide respite services and will exhaust funding from said programs,
4. Has applied and is receiving LTC-Waiver supports, and the applicant needs the flexibility to hire a family member or friend that is not covered by current funding supports.
5. Has not applied for a Long-Term Care Waiver support(s), because they are ineligible for other supports.

#### How does an applicant obtain supporting documentation and return it to RCAW?

Applicants can request that their LTC-Waiver representative complete the Supporting Documentation Form on Page 5.

**Please send the form to [info@respitecarewi.org](mailto:info@respitecarewi.org).**



**CRGP Supporting Documentation Form**  
(to be completed by the applicant's representative)

| Applicant's Representative   |   |
|--|---|
| <b>Name:</b>   | <b>Date:</b>  |
| <b>Address:</b>  |   |
| <b>City:</b>   | <b>Zip:</b>   |
| <b>County:</b>   | <b>State:</b> WI  |
| <b>Email:</b>  |   |
| <b>Organization and Job Title:</b>   |   |
| <b>Phone Number:</b>   |   |
| <b>Signature:</b>  |   |
| <b>Name of CRGP applicant that you are serving:</b>  |   |
| To the best of your knowledge, the care recipient is living with:  |   |
| <input type="checkbox"/> Brain Injury  | <input type="checkbox"/> Memory Impairment              |
| <input type="checkbox"/> Emotional/Behavioral/Mental Health  | <input type="checkbox"/> Neurological                   |
| <input type="checkbox"/> Physical disabilities   | <input type="checkbox"/> High-risk for abuse or neglect |
| <input type="checkbox"/> Intellectual/Developmental Disabilities   | <input type="checkbox"/> Other Health Impaired          |
| Which LTC Waiver support has the CRGP applicant tried first?   |   |
| <input type="checkbox"/> Family Care   | <input type="checkbox"/> IRIS                           |
| <input type="checkbox"/> CLTS/CCOP   | <input type="checkbox"/> NFCSP / AFCSP                  |
| <input type="checkbox"/> Foster Care Support Services/Kinship Care   | <input type="checkbox"/> Does not qualify for services  |
| To the best of your knowledge, the applicant has applied for Long-Term Care Waiver support(s) or other programs, and:  |   |
| <input type="checkbox"/> Is not expecting to receive services or approval within thirty (30) days or is on a waitlist  |   |
| <input type="checkbox"/> Has been denied LTC Waiver supports or other programs   |   |
| <input type="checkbox"/> Has been approved for LTC Waiver supports or other programs that provide respite services and will exhaust funding from said programs                                       |   |
| <input type="checkbox"/> Has applied and is receiving LTC Waiver supports, and the applicant needs the flexibility to hire a family member or friend that is not covered by current funding supports |   |
| <input type="checkbox"/> Has not applied for a Long-Term Care Waiver support(s), because they are ineligible   |   |