



Caregiver Respite Grant Program Step 2: The Application

Primary Caregiver Information			
Caregiver Name:		SS#: <i>(Needed for 1099 issuance purposes if annual grant amount awarded is more than \$600)</i>	
Address:			
City:		Zip:	County:
			State: WI
Email:			
Relationship to Person Receiving Care:		Phone:	
<input type="checkbox"/> Spouse / Partner		Gender/Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
<input type="checkbox"/> Parent / Stepparent		Birthdate:	
<input type="checkbox"/> Grandparent		Age:	
<input type="checkbox"/> Guardian		The ethnicity of Primary Caregiver: (checkbox)	
<input type="checkbox"/> Sibling		<input type="checkbox"/> African American <input type="checkbox"/> Asian American	
<input type="checkbox"/> Friend		<input type="checkbox"/> Caucasian <input type="checkbox"/> Native American	
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	
Need for Respite Care			
1. Is this request an emergency need?			<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Have you received RCAW Caregiver Respite Grant Program funds in the past 90 days? If yes, please provide date of previous grant: _____			<input type="checkbox"/> No <input type="checkbox"/> Yes
3. How long have you been an unpaid family caregiver? <input type="checkbox"/> < 6 mos. <input type="checkbox"/> >6 mos. < 1 yr. <input type="checkbox"/> 1-5 yrs. <input type="checkbox"/> 5+ yrs.			
4. How long since you last had a break from caregiving? <input type="checkbox"/> < 6 mos. <input type="checkbox"/> >6 mos. < 1 yr. <input type="checkbox"/> 1-5 yrs. <input type="checkbox"/> 5+ yrs.			
5. What has kept you from having breaks in the past? <input type="checkbox"/> Money <input type="checkbox"/> Timing <input type="checkbox"/> Available Provider <input type="checkbox"/> Transportation <input type="checkbox"/> Other: _____			
Care Recipient Information			
Care Receiver Name:			
Address:			
City:		Zip:	County:
			State: WI
Birthdate:		Age:	Gender/Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Special need or condition of the person needing care (for data collection purposes only)			
<input type="checkbox"/> Brain Injury <input type="checkbox"/> Emotional/Behavioral <input type="checkbox"/> Intellectual/Developmental Disability (IDD)			
<input type="checkbox"/> Memory Impairment <input type="checkbox"/> Mental Health Disorder <input type="checkbox"/> Neurological <input type="checkbox"/> Physical			
<input type="checkbox"/> Medical Supports Needed <input type="checkbox"/> Special considerations needed (Behavior/Lift, etc.)			
The ethnicity of the Care Recipient: (checkbox)			
<input type="checkbox"/> African American <input type="checkbox"/> Asian American			
<input type="checkbox"/> Caucasian <input type="checkbox"/> Native American			
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			



Respite Care Provider Information

Will respite care be provided by an? Agency or Individual

Name of agency or individual: _____

Applicant selected respite care provider because:

Familiarity with care recipient Only option available Convenient location
 Could provide in-home respite Liked the facility Other: _____
(For data collection purposes only)

Respite Grant Budget

Dates and times of respite care to be provided:

Date of service	Time(s)	# of hours	Rate Per Hour	Total
1.	___ am/pm-___ am/pm		\$	\$
2.	___ am/pm-___ am/pm		\$	\$
3.	___ am/pm-___ am/pm		\$	\$
4.	___ am/pm-___ am/pm		\$	\$
5.	___ am/pm-___ am/pm		\$	\$

Total dates of service:	Total amount of respite hours	Total grant request:
#	#	\$

RCAW cannot approve a grant without knowing the total grant request. If dates are unknown at this time, please explain:

Please Note

- Those reapplying for the grant must provide an updated Eligibility Criteria Form and Supporting Documentation Form for each application.
- Do not move forward with respite care services until you have received written approval of your grant application.



Caregiver Acknowledgement/Agreement

1. I have received the CRGP Overview Form and understand the Terms and Conditions.
2. I have had the opportunity to review the attached eligibility and program requirements and to ask questions to understand how the RCAW CRGP applies to my situation fully.
3. If, during the application process, my caregiving situation changes, (i.e., I am no longer the primary caregiver, move out of state, etc.) I understand my CRGP will be terminated.
4. I understand the CRGP funds will not be disbursed without a completed and signed Grant Report.
5. Applicant agrees to submit a Caregiver Experience Survey within fifteen (15) days of respite, or no new requests will be allowed until RCAW has received it.
6. The CRGP enables the applicant/primary caregiver to achieve respite by means stated in this grant application. If there are changes, I understand that I must notify RCAW before respite services occur to receive approval to move forward.
7. If it is suspected or determined that RCAW's CRGP funds are received fraudulently, the applicant will be held accountable, including but not limited to repaying grant funds, or suspension from the caregiver respite grant program.

I authorize the release of information included in this application via standard methods (phone, in person, postal mail, fax, email, data entry) among all relevant parties, i.e., applicable ADRC, County, respite provider agency, etc. needed to approve my grant application.

Indemnification. By signing below, I attest the information contained in this grant application is true and accurate. The applicant further recognizes and agrees that the Respite Care Association of Wisconsin is NOT providing any direct or indirect services. It shall hold harmless and indemnify RCAW and any of its' representatives for any damages or liabilities it incurs arising from this agreement. The completion of this application does not guarantee the approval of the grant request.

Applicant Name (Printed)

Applicant Signature

Date

Submit completed application to:

info@respitecarewi.org

or

1835 E. Edgewood Drive, Suite #105-436, Appleton, WI 54913