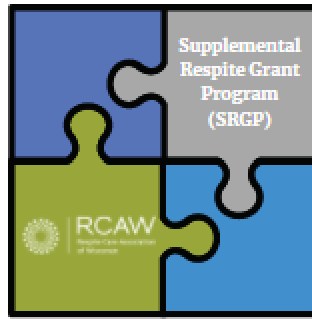

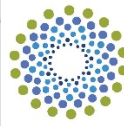

RCAW
Respite Care Association
of Wisconsin
www.respitecarewi.org | 608-222-2033

Supplemental Respite Grant Program
Step 2: The Application

Primary Caregiver Information	
Caregiver Name:	**SS#:** *(Needed for 1099 issuance purposes if annual grant amount awarded is more than $600)*
Address:	
City: **Zip**:	**County**: **State**: WI
Email:	
Relationship to Person Receiving Care:	**Phone**:
☐ Spouse / Partner	**Gender/Sex**: ☐ Male ☐ Female ☐ Other
☐ Parent / Stepparent	**Birthdate**:
☐ Grandparent	**Age**:
☐ Guardian	**The ethnicity of Primary Caregiver: (checkbox)**
☐ Sibling	☐African American ☐Asian American
☐ Friend	☐Caucasian ☐Native American
☐ Other (specify):	☐Hispanic/Latino ☐Non-Hispanic/Latino

Need for Supplemental Respite Care	
1. Have you received RCAW Supplemental Respite Grant Program funds in the past 90 days? If yes, please provide date of previous grant: _____________	☐ No ☐ Yes
2. How long have you been an unpaid family caregiver?	☐ < 6 mos. ☐ >6 mos. < 1 yr. ☐ 1-5 yrs. ☐ 5+ yrs.
3. How long since you last had a break from caregiving?	☐ < 6 mos. ☐ >6 mos. < 1 yr. ☐ 1-5 yrs. ☐ 5+ yrs.

Care Recipient Information	
Care Recipient Name:	
Address:	
City: **Zip**:	**County:** **State:** WI
Birthdate: **Age:**	**Gender/Sex**: ☐ Male ☐ Female ☐ Other
Special need or condition of the person needing care *(for data collection purposes only)*	

☐ Brain Injury ☐ Emotional/Behavioral ☐ Intellectual/Developmental Disability (IDD)
☐ Memory Impairment ☐ Mental Health Disorder ☐ Neurological
☐ Physical ☐ Medical Supports Needed

The ethnicity of the Care Recipient: (checkbox)

☐ African American ☐Asian American
☐ Caucasian ☐ Native American
☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Supplement Respite Care Information

How do you intend to use RCAW's SRGP funds? (check all that apply)

If choosing household services, please specify:

☐ Meal Prep
☐ Laundry
☐ Cleaning
☐ Lawn Care
☐ Snow Removal
☐ Other, please specify below:

____
____
____
____.

☐ Transportation

☐ Technology, please specify below:

____
____
____
____.

☐ Home modifications, please specify below:

____
____
____
____.

Caregiver Acknowledgement/Agreement

1. I have read and understood the **SRGP Overview & Policy and Procedure.**
2. **Those reapplying for the grant** must provide an updated Supporting Documentation Form for each application.
3. Each quarter, RCAW will select applicants to **audit at random**. Applicants must keep receipts and invoices for services rendered and purchases made with SRGP funds. If an applicant is chosen for a random audit **and cannot provide receipts or invoices** and RCAW suspects that CRGP funds were used fraudulently, the applicant will be held accountable. They will immediately be **ineligible** for future funds and have to repay RCAW for the SRGP grant funds.
4. I have had the opportunity to review the attached eligibility and program requirements and ask questions to understand how the RCAW SRGP applies to my situation fully.
5. 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 SRGP will be terminated.

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