



Step 1

1a) The Supplemental Respite Grant Program (SRGP) Eligibility Criteria and 1b) Supporting Documentation

The **SRGP** supports primary caregivers who cannot be served by other caregiver support programs or Long-Term Support Waiver Programs by providing **\$250 every ninety days and up to \$1,000 per year.**

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

1a) Eligibility Criteria (to be completed by the SRGP 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 supplemental respite care services in the absence of any other funding source.

AND:

Care Recipient must meet the requirement below:

1. Is the applicant enrolled in, 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 SRGP Eligibility Criteria Form

1. Respite Care Association of Wisconsin is not the employer of the service 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 simultaneously, even though the supplemental 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 age requirement for the care recipient. This program is available across the lifespan.
6. Primary caregivers or care recipients are responsible for selecting, scheduling, supervising, reviewing the credentials, background checks, and, if necessary, training of service providers.
7. An applicant may use the SRGP funds to purchase technology (tablets, etc.) to decrease loneliness and increase their communication with others.

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.

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

1b) Supporting Documentation is required from the applicable ADRC, county, etc. showing that other supportive programs cannot serve the applicant that needs supplemental services 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**.
6. Is **enrolled in the CLTS/CCOP** programs and would benefit from supplemental services through RCAW funding.

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@respitcarewi.org

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

Applicant's Representative	
Name:	Date:
Address:	
City:	Zip:
County:	State: WI
Email:	
Organization and Job Title:	
Phone Number:	
Signature:	
As the authorized representative, I believe the SRGP funds will benefit the applicant in the following ways:	
<input type="checkbox"/> Physical	<input type="checkbox"/> Social
<input type="checkbox"/> Spiritual	<input type="checkbox"/> Emotional
<input type="checkbox"/> Occupational	<input type="checkbox"/> Mental
Name of SRGP applicant that you are serving:	
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 SRGP 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	
<input type="checkbox"/> Is enrolled in the CLTS/CCOP programs and would benefit from supplemental services through RCAF funding.	