



Connecticut's National Family Caregiver Support Program Respite Care and Supplemental Services Application GRANDPARENT/ RELATIVE CAREGIVER APPLICATION

Connecticut's National Family Caregiver Support Program is funded by the Administration on Aging and is operated in partnership with the State of Connecticut Department of Social Services Elderly Services Division and the Connecticut Area Agencies on Aging. Respite and Supplemental Services are offered through the Connecticut Family Caregiver Support Program.

The Need for Respite and Supplemental Services:

Respite care is a SHORT-TERM option designed to provide a break, or a time of caregiver relief, from the constant physical and emotional stress of an older person caring for a child especially children with skilled needs. An occasional break from caregiving enables the exhausted caregiver to regroup both physically and emotionally from his/her caregiving responsibilities.

The program offers an opportunity for grandparents or relative caregivers to receive respite and/or supplemental services from an approved community services provider for a child who is 18 years of age or younger, who is referred to as the care recipient. Respite care services include, but are not limited to: limited Camperships and Day care. Funds may be used for daytime or overnight respite. * **PLEASE NOTE NOT ALL SERVICES ARE AVAILABLE IN EACH REGION.**

The Area Agency may request a contribution of 20% towards the cost of the service unless the applicant's income is below federal poverty level. Please talk with the Area Agency on Aging Caregiver Program staff for more details.

Supplemental Services are one time health-related items or service options designed to help "fill the gap" when there is a need or there are no other ways to obtain the service. Supplemental services will help improve the quality of life for the care recipient and help to alleviate the strain on older caregivers that care for children. Supplemental services include, but are not limited to receiving home safety/modifications and medical equipment. * **PLEASE NOTE NOT ALL SERVICES ARE AVAILABLE IN EACH REGION.**

The Area Agency may request a contribution of 20% towards the cost of the service unless the applicant's income is below federal poverty level. Direct payment to a caregiver regardless of licensure is prohibited. Please talk with the Area Agency on Aging Caregiver Program staff for more details.

Please Note: If you are a Family Caregiver for an older adult who is 55 years of age or older please complete the "Connecticut's National Family Caregiver Support Program" Application.

Eligibility to receive Respite and/or Supplemental Services

Definition: The term “Grandparent” or and “Relative Caregiver” means a grandparent, stepgrandparent or a relative of a child by blood or marriage, **who is 55 years of age or older and**

- (1) lives with the child;
- (2) is the primary caregiver of the child (18 years of age or younger) because the biological or adoptive parents are unable or unwilling to serve as primary caregiver of the child and;
- (3) has legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

Priority will be given to older individuals with greatest social and economic need, with particular attention to low-income older individuals and older individuals providing care and support to persons with mental retardation and related developmental disabilities. **Please note that any child 19 years of age or older is not covered by this program.**

Income:

Income will be self-declared (proof of income will not be required). If the grandparent or relative caregiver has income at or below federal poverty level, he or she will be considered a priority for receiving services.

The following are considered income: Social Security, Supplemental Security, Railroad Retirement income; pensions; wages; interest; dividends; net rental income; veteran’s benefits; and any other payments received on a one-time or recurring basis. If accounts are jointly owned between the grandparent/relative caregiver and another person such as the spouse, 50% of the total interest income in the account will be counted as the grandparents/ relative caregiver’s income.

PLEASE NOTE: Any income received for the child, for example, child support, social security survivors benefits etc. will not be included as income.

***PLEASE NOTE NOT ALL SERVICES ARE AVAILABLE IN EACH REGION.**

Please send completed application including any documentation to:
Senior Resources
4 Broadway 3rd Floor
Norwich, CT 06360

How did you hear about the Connecticut Family Caregiver Support Program? Check all that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> From a Friend | <input type="checkbox"/> Area Agency on Aging |
| <input type="checkbox"/> TV | <input type="checkbox"/> Radio | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other (please describe) _____ | | |

*** If agency, please write the agency name and number of the person making the referral**

MONTHLY INCOME STATEMENT

Please check the grandparent/relative caregiver's total **monthly** income next to the appropriate income range. Please refer to page 2 of this application for an explanation of what is considered to be income. **Please do not include any income received for the child/children.**

If the caregiver is single, check the appropriate monthly income:

- | | |
|---|---|
| <input type="checkbox"/> Under \$817 | <input type="checkbox"/> \$1,126 to \$1,429 |
| <input type="checkbox"/> \$818 to \$1,021 | <input type="checkbox"/> \$1,430 to \$1,633 |
| <input type="checkbox"/> \$1,022 to \$1,225 | <input type="checkbox"/> \$1,634 or over |

If the caregiver is married, check the spouse's monthly income:

- | | |
|---|---|
| <input type="checkbox"/> Under \$1,100 | <input type="checkbox"/> \$1,651 to \$1,925 |
| <input type="checkbox"/> \$1,101 to \$1,375 | <input type="checkbox"/> \$1,926 to \$2,200 |
| <input type="checkbox"/> \$1,376 to \$1,650 | <input type="checkbox"/> \$2,201 or over |

Certification

I certify that the information on this form is true, accurate and complete to the best of my knowledge or belief. I understand that if I provide false, fraudulent, or misleading information, I face fines and/or penalties under state and/or federal laws.

Signature of Caregiver or Authorized Agent

Date

Connecticut Family Caregiver Support Program
Respite and Supplemental Consumer Voluntary Contribution Agreement

I understand that (Name of Caregiver)_____qualifies to receive the services indicated in this application. I understand that as the caregiver and as the person requesting respite and/or supplemental services, I am being asked to make a 20% contribution to help with the cost of the services received. The contribution shall be used to replenish program funds and therefore assist other caregiving families. The contribution shall be made directly to the Eastern Connecticut Area Agency on Aging dba Senior Resources.

**I understand that if I have questions I can call Senior Resources at:
1-800-690-6998 or 860-887-3561**

Signature of Caregiver

Date

Hold Harmless Statement

By authorized signature below, I hold **Senior Resources Agency on Aging** harmless from a) any malpractice/other liability claims or legal actions resulting from action of sub-contractors acting as direct service providers, b) actions/omissions or other faults association with warranties/maintenance agreements of sub-contractors/providers, instructional use of equipment and/or equipment failure or c) care plan judgment made as a result of on-site assessments.

I understand that if I have questions I can call Senior Resources at 1-800-690-6998 or 860-887-3561.

Signature of Caregiver

Date