RESPITE CARE PROGRAM APPLICATION

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of Agency: _____

Family Annual Income: _____

Maximum Amount for vouchers: _____

Caregiver

Social Security Number (SSN): _____

Caregiver Name: _____

Address: _____

_____

Person Receiving Respite Care

SSN: _____

Name: _____

Address: _____

_____

If family income is:	Maximum Voucher Amount Is:
$0 - 44,999	$400.00
$45,000 - 59,999	$300.00
$60,000 and above	No Vouchers Can Be Issued