



Application for Respite Care Reimbursement

I am applying for financial assistance that will enable me to obtain paid respite care services for my family member who has a **developmental disability**. My family member lives with me in our family home and is enrolled with the Mid-Columbia Center for Living Developmental Disability program in Oregon or with a disability program in Washington state (Mid-Columbia area).

I understand that Respite Care Fund through The Arc of the Mid-Columbia is limited and intended to benefit those especially in need of a temporary break in care not otherwise available to the family caregiver.

Our Respite Care Reimbursement Fund can help up to \$200 once per year. I understand that I must present a bill to the respite coordinator for the actual respite care services provided that is signed both by the respite care provider and myself in order to receive the respite care funds.

Name of Family Applicant (print) _____

Address (PO or Street) _____ (City) _____ (zip) _____ (County) _____

Email Address _____ Phone _____

Amount of your estimated Respite Care expenses but no more than \$200. \$ _____

Where did you learn about The Arc's Respite Fund? Please check the following:
Media ____, Friends ____, Case Worker ____, Website ____, Arc Member ____, Other _____

Name of the child or adult family member for whom you are requesting respite care:

_____ Age _____ Type of Disability _____

I have read and understood the information given in this application and the information I have provided is true and accurate. I understand that I am responsible for choosing my respite care provider and arranging and paying for these respite care services. The Arc of the Mid-Columbia is only reimbursing me, the family caregiver, for respite care services.

I understand that The Arc of the Mid-Columbia requires a copy of the bill for my respite care services signed by the caregiver and also signed by me. The bill must show the dates and times of service, cost per hour and total cost.

_____/_____
Signature of Family Applicant Requesting Funds Dated

RETURN TO The Arc of the Mid-Columbia, PO Box 521, The Dalles, OR 97058