



## Alabama Respite Voucher Respite Enrollment Form

Mail to: Jennifer Formby, Alabama Respite  
1856 Keats Drive  
Huntsville, AL 35810

### PLEASE PRINT CLEARLY:

How did you hear about this respite program? \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Street or Post Office Box Address: \_\_\_\_\_

City: \_\_\_\_\_ AL Zip: \_\_\_\_\_ County: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Person you care for: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

MALE FEMALE (circle one) Your relationship to Person you care for: \_\_\_\_\_

What is their diagnosis/disability: \_\_\_\_\_ (MUST ATTACH PROOF OF  
DIAGNOSIS THAT CLEARLY INDICATES INTELLECTUAL DISABILITY)

### Where have you received respite, personal care, drop in, or day services in the past year?

1. Medicaid Waiver Number of service hours per month: \_\_\_\_\_
2. UCP HEARTS Voucher Program Which UCP - Name: \_\_\_\_\_
3. Alabama Head Injury Foundation Number of service hours per month: \_\_\_\_\_
4. AAA (Alabama Cares) Number of service hours per month: \_\_\_\_\_
5. Day Services Number of service hours per month: \_\_\_\_\_
6. If you receive respite services other than those mentioned above, let us know:

Name of Service: \_\_\_\_\_ Number of service hours per month: \_\_\_\_\_

### PLEASE READ CAREFULLY AND INITIAL EACH BLANK BELOW:

\_\_\_\_\_ I understand that I must mail **proof of disability/diagnosis** with this enrollment form demographic data form that shows intellectual disability, cognitive delay, or mental retardation.

\_\_\_\_\_ I understand that after I am approved for respite, I will be responsible for selecting and training a trustworthy respite provider. (Provider must be at least 18 years old and not reside in the home.) Neither Alabama Respite nor UCP will be held responsible for any actions taken by my selected provider.

\_\_\_\_\_ I understand, that in order to receive reimbursement for respite services, my Voucher Service Report Form must be received in the Alabama Respite office no later than 5 days after the expiration date stated on the form. I understand that reimbursement checks may be mailed 30-60 days after I turn in my form, and my reimbursement check will be mailed to my address provided on the form.

\_\_\_\_\_ I agree to the above conditions and that funds will be used ONLY for respite care.

My signature on the form signifies that all information provided to Alabama Respite on this form is correct. I understand that this letter **does not** guarantee that I will receive a respite voucher

Signature: \_\_\_\_\_ Date: \_\_\_\_\_