

October 2017

Dear Parent or Legal Guardian:

Thank you for your interest in the NAMI Maine Family Respite Program. This program is funded by the Maine Department of Health & Human Services (DHHS) and is designed to give planned breaks to families of children with special needs. Upon completion of the application process, your family may be allotted up to 24 hours per month for planned respite service, as long as funding remains available.

To be approved for respite services, child(ren) must be in the custody of and live in the same household as the adult applicant. This program is not open to children in foster care. If you are in the process of adopting a child, the adoption needs to be finalized prior to applying for respite services.

**It is extremely important that you submit a complete application as we are not able to process incomplete applications. Incomplete applications will be discarded after thirty (30) days.**

The following information must be received for your application to be considered complete.

1. Family Information Section - this needs to be filled out only once for each family
2. Child Application Section - this must be completed for each child you are adding to the respite program for approval.
3. Policies, notices and releases must be initialed and signed where indicated.
4. Diagnostic Evaluation(s) - a diagnostic evaluation is required for each child you are adding for approval (see next page for details)
5. Determination of Fee form - fill in all requested sections
6. Signature Page - this page must be completed and returned with your application

The complete Family Application Packet can also be found at [www.namimaine.org](http://www.namimaine.org).

Thank you for your interest in the Family Respite Program. If you have further questions, please feel free to call NAMI Maine or email us at [respite@namimaine.org](mailto:respite@namimaine.org).

Sincerely,

*Chelbay Evans*

Respite Application Specialist  
NAMI Maine Family Respite Program



## FAMILY RESPITE PROGRAM FAMILY APPLICATION

Families must meet the following eligibility criteria:

- The child(ren) must be no older than 17 years **and**
- The child(ren) must have a documented emotional or behavioral diagnosis **or** two or more developmental delays **and**
- The child(ren) must be living with and in the custody of the adult applicant.
- All sections of the application must be filled out and signed before the application will be considered complete.

### FAMILY INFORMATION SECTION

**Incomplete applications will be discarded after thirty (30) days.**

Parent \_\_\_\_\_ Guardian \_\_\_\_\_ NAME(S) \_\_\_\_\_

Physical Address \_\_\_\_\_ City/Town \_\_\_\_\_

Zip Code \_\_\_\_\_ Email Address \_\_\_\_\_

Mailing Address (if different from physical address) \_\_\_\_\_

City/Town \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Number of people residing in home \_\_\_\_\_

While the Family Respite Program is sensitive to respecting the privacy of families applying for respite services, it is important that critical information be disclosed to ensure that NAMI Maine respite providers have the information they need to be safe and to keep your children safe while providing respite services.

#### A RESPONSE TO THE FOLLOWING IS REQUIRED

Are there any current or outstanding court or child welfare orders related to the following:

Child Protection

Custody

Child Welfare

Restraining Order

Other (Please Specify)

None



## DIAGNOSTIC EVALUATION

We need an evaluation for each child you are requesting respite for. Please send in one of the following for each child along with this completed application:

- An assessment or evaluation signed and dated within the past year by one of the following: MD, DO, PsyD, PhD, APRN, LCPC, LCSW, PMHNP, LMFT or Maine Licensed Psychological Examiner

**OR**

- An older assessment or evaluation and an update letter providing current diagnoses, that is signed and dated within the past year from one of the above- mentioned clinicians.



### CHILD INFORMATION SECTION

If you are applying for respite for more than one child, a separate **CHILD INFORMATION SECTION** must be completed for each child (up to 4)

First Child's Name \_\_\_\_\_

DOB \_\_\_\_\_ M  F

**Is there anyone besides yourself you would like us to contact regarding your child's respite application (such as a case manager or family member)? If so, please complete:**

Name \_\_\_\_\_ Agency/Relationship: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

### INFORMATION ABOUT THIS CHILD

1. Does your child have any challenging behaviors? Y N If yes, please describe:
2. Is your child aggressive toward others? Y N If yes, please describe:
3. Does your child understand and have an awareness of dangerous situations? Y N  
If no, please describe:
4. Does your child have any medical needs such as prescription medication, g-tube, seizure activity, allergies, nutritional or dietary issues, or need special care that would require additional staff training? Y N  
If yes, please describe:

**Please Initial Here** \_\_\_\_\_



**CHILD INFORMATION SECTION**

If you are applying for respite for more than one child, please complete a **CHILD INFORMATION SECTION** for each child (up to 4)

Third Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ M  F

**Is there anyone besides yourself you would like us to contact regarding your child's respite application (such as a case manager or family member)? If so, please complete:**

Name \_\_\_\_\_ Agency/Relationship: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**INFORMATION ABOUT THIS CHILD**

- 3. Does your child have any challenging behaviors? Y N If yes, please describe:
  
  
  
  
  
  
  
  
  
  
- 8. Is your child aggressive toward others? Y N If yes, please describe:
  
  
  
  
  
  
  
  
  
  
- 9. Does your child understand and have an awareness of dangerous situations? Y N  
If no, please describe:
  
  
  
  
  
  
  
  
  
  
- 10. Does your child have any medical needs such as prescription medication, g-tube, seizure activity, allergies, nutritional or dietary issues, or need special care that would require additional staff training? Y N  
If yes, please describe:

**Please Initial Here** \_\_\_\_\_

**CHILD INFORMATION SECTION**

If you are applying for respite for more than one child, please complete a **CHILD INFORMATION SECTION** for each child (up to 4)

Fourth Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ M  F

**Is there anyone besides yourself you would like us to contact regarding your child's respite application (such as a case manager or family member)? If so, please complete:**

Name \_\_\_\_\_ Agency/Relationship: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**INFORMATION ABOUT THIS CHILD**

4. Does your child have any challenging behaviors? Y N If yes, please describe:

11. Is your child aggressive toward others? Y N If yes, please describe:

12. Does your child understand and have an awareness of dangerous situations? Y N  
If no, please describe:

13. Does your child have any medical needs such as prescription medication, g-tube, seizure activity, allergies, nutritional or dietary issues, or need special care that would require additional staff training? Y N  
If yes, please describe:

**Please Initial Here** \_\_\_\_\_



Please review the following policies, fill in information & *initial* where indicated.

**RIGHTS OF RECIPIENTS AND GRIEVANCES**

The Maine Department of Health and Human Services and the Children’s Behavioral Health Services Division have specific rights for recipients of mental health services who are children. These rules are established under Public Law, 34-B, M.R.S.A., sections 3003 and 15002. They apply to all facilities or programs providing inpatient, residential or outpatient mental health services which are licensed, funded, or contracted by the DHHS, including state operated institutes and facilities. Because respite service is a program that NAMI Maine delivers under contract with the DHHS, we must provide care that is consistent with these rules. You may read them on line by going to <http://www.maine.gov/dhhs/ocfs/cbhs/policy/rights.shtml>

One of the rights that are guaranteed is your right to file a grievance. Part A, Section VII, Right to Due Process with Regard to Grievances, and Section IX, Confidentiality of and Access to Mental Health Records, were amended in April of 2000 as required by 34-B M.R.S.A. Section 15002. The Department is aware that changes are still needed to bring these rules into alignment with changes in the Department and how its services are provided; these additional changes will be addressed as soon as feasible.

Questions regarding the applicability or interpretation of these rules should be directed to the Division of Licensing and Regulatory Services, 11 SHS, Augusta, Maine 04333-0011. Telephone: (207) 287-9300; 1-800-791-4080; TDD 1-800-606-0215.

NAMI Maine’s grievance policy is described in the respite program handbook. You will receive a copy of the handbook with your respite approval packet. This handbook can also be found on our website at <http://www.namimaine.org/?page=ProviderForms>.

I have read the *Rights of Recipients and Grievances*, understand and agree.

**Please initial here** \_\_\_\_\_

**PARENTAL RESPONSIBILITY**

- 1. **Choice of provider** - NAMI Maine believes families should choose the respite provider most appropriate to the needs of their family. NAMI Maine will do all it can to help to certify and employ respite care providers that are referred to us by families.
- 2. **Inform and train the provider about your child(ren)'s special needs** - Parents know their children best. They are most able to inform a provider what their child(ren) requires. It is the parent who must fully inform the provider of the child(ren)'s every need, including programs and treatments.



**3. Action Plans** - Each family will be asked to complete a respite action plan that documents the expectations of the family, the understanding of the respite provider, and outcomes expected from the provision of respite care. Respite services are to be delivered to address the health, social, behavioral, and daily living needs of children who are receiving care.

**4. Instruct the provider regarding medications** - Parents are responsible for informing their providers about their child(ren)'s medications and dosages. A signed permission form must be in effect each time respite takes place in order for a provider to give medications or supervise the taking of medications. Families must clearly separate and label each prescription with the preference being that medication is within its original prescription bottle. Failure to complete and submit the medications permission form will result in delays in payment to the provider. Repeated instances of non-compliance may result in termination of services.

**5. Changes in special needs** - Parents are responsible for reporting any changes in their child(ren)'s special needs, in the families' needs, residence, or telephone number. Eligibility is based on need, and may be reassessed at a maximum of three year intervals which require new documentation of disability. These reviews may be required more frequently based on the child(ren)'s diagnosis or as requested by DHHS.

I have read the *Parental Responsibilities*, understand and agree. **Please initial here** \_\_\_\_\_

#### NOTICE OF CONFIDENTIALITY

While not a clinical provider, NAMI Maine complies with state and federal confidentiality laws that govern the release of information about medical and behavioral health. Our records consist only of the information you have shared with us as part of the application process. In this regard, NAMI Maine staff and respite care workers will maintain the privacy of your respite records with the following exceptions:

- There are concerns about or allegations of abuse or neglect of a child or a dependent adult;
- There are allegations or concern about the safety of a child or dependent adult;
- There are allegations or concerns about self-harm or harm to a child or dependent adult;
- There are other health or safety concerns that lead NAMI Maine to believe that the child or family is at risk because of an inability to care for the child or to care for themselves.

In all instances where a NAMI Maine staff person has any of the concerns listed above they will discuss them with a supervisor and if warranted, make a report to the DHHS abuse and neglect help line and/or to law enforcement authorities.

I have read the *Notice of Confidentiality*, understand and agree. **Please initial here** \_\_\_\_\_

### INFORMED CONSENT

I understand that NAMI Maine will do all it can to certify, orient, train, and supervise the respite care providers that assist my family. I understand that NAMI Maine will check the criminal, child protective and driving histories of all respite care providers before they perform service.

I understand that I will be asked to (1) approve of the respite care provider that I choose to provide respite care to me and my family, (2) design an action plan with the respite care provider that outlines my goals for the respite care services I receive, and (3) that I will be required to provide direction to the provider delivering care based upon the needs of my child(ren), their specific treatment needs, and my knowledge of how that care needs to be provided.

I understand that respite care is neither a clinical service nor a medical or treatment service, and is a program that I have voluntarily chosen to utilize in order to receive planned breaks from caring for my child(ren) with special needs.

I understand the inherent risks associated with participation in respite care services and in asking another person to provide care to my child/children outside of my supervision. I knowingly and voluntarily accept these risks and agree to provide NAMI Maine with a satisfaction survey before respite care begins and at least quarterly thereafter. I understand that by providing this information, I am certifying that I am satisfied with the care I am receiving, with the safety of my child(ren) while in respite care, and that I am aware of no problems associated with the person providing the care or with the care they are providing my child(ren).

I acknowledge that I am solely responsible for medical or other costs arising out of any injury, illness, or property damage or loss sustained through my voluntary participation in this program. I also agree to provide necessary funds, fees & travel costs (\$.44 per mile) for any activity in which I have asked the respite care provider to bring my child(ren).

My initials next to the following denote my implied permission for any respite provider providing respite care for my child(ren) to

***(initial all that apply):***

\_\_\_\_\_ Transport my child(ren) in their personal vehicle

\_\_\_\_\_ Dispense medications while providing respite care

\_\_\_\_\_ Escort my child(ren) to activities I have approved (examples include horseback riding, swimming, playgrounds, parks or other similar activities)

\_\_\_\_\_ Perform the necessary care my child(ren) require such as feeding, toileting, bathing, special medical care (G-tube, colostomy bag, catheterization, diapering, etc.).

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

I have read the *Informed Consent*, understand and agree. **Please initial here** \_\_\_\_\_

**RELEASE OF INFORMATION**

I consent to the exchange of information between my case management agency and NAMI Maine as needed to assure the delivery of quality respite care to my family.

I understand that this release is solely for the purpose of assuring that respite services are provided to my family in a way that is safe and consistent with the treatment needs of my child(ren) and the behavior plans that are in place in my home.

**FIRST CHILD**

Print Child's Name \_\_\_\_\_

This child's case manager is \_\_\_\_\_

The case management agency is \_\_\_\_\_

Case Manager's Email \_\_\_\_\_

Case Manager's Phone \_\_\_\_\_

**SECOND CHILD**

Print Child's Name \_\_\_\_\_

This child's case manager is \_\_\_\_\_

The case management agency is \_\_\_\_\_

Case Manager's Email \_\_\_\_\_

Case Manager's Phone \_\_\_\_\_

**THIRD CHILD**

Print Child's Name \_\_\_\_\_

This child's case manager is \_\_\_\_\_

The case management agency is \_\_\_\_\_

Case Manager's Email \_\_\_\_\_

Case Manager's Phone \_\_\_\_\_

**FOURTH CHILD**

Print Child's Name \_\_\_\_\_

This child's case manager is \_\_\_\_\_

The case management agency is \_\_\_\_\_

Case Manager's Email \_\_\_\_\_

Case Manager's Phone \_\_\_\_\_

I agree to notify the NAMI Maine Family Respite Program if my child(ren)'s case manager or the agency providing case management changes.

I give my permission to the NAMI Maine Family Respite Program to release statistical information to the Children's Behavioral Health Services in compliance with funding and contractual requirements of respite care services.

I understand that I may rescind this release ***in writing*** at any time.

I have read the *Release of Information*, understand and agree.

Please Initial Here \_\_\_\_\_



***This form is part of the application for the Family Respite Program, as required by the State of Maine. Please complete this form and submit it with proof of income\*.***

Parent/Guardian Name \_\_\_\_\_

**1. Do any of your child(ren) receive MaineCare?** **Yes** **No**

If yes, please provide their name(s) and MaineCare Number(s) below

	Name of Child	MaineCare Number
1.	_____	1. _____
2.	_____	2. _____
3.	_____	3. _____
4.	_____	4. _____

**2. Do any of your child(ren) receive MaineCare through the Katie Beckett option?** **Yes** **No**

*\* If you answered **Yes to #1** and **No to #2**, you do **NOT** have to complete #3-8*

**3. FAMILY INCOME** (Choose Option A **OR** B)

**A. Annual Income:** (Send in a copy of your tax return)  
**Adjusted Gross Income** (AGI) from last year's tax return \_\_\_\_\_

**B. Monthly Income x 12:** (Send in copies of any source of income)  
**SSI, TANF, pay stubs, etc.,** that show monthly income \_\_\_\_\_

**4. DEDUCTION**

Enter \$3,050 for each *additional* child receiving services from the Dept. of Health & Human Services. \_\_\_\_\_

**5. OUT OF POCKET HEALTH CARE COSTS**

a. Health insurance premiums (*Do not include any premiums deducted from wages*) \_\_\_\_\_

b. Doctors \_\_\_\_\_

c. Hospitals \_\_\_\_\_

d. Prescription Medications \_\_\_\_\_

e. Transportation (to and from medical appointments) \_\_\_\_\_

f. Fees assessed for other DHHS services \_\_\_\_\_

g. Other (Please specify) \_\_\_\_\_  
(i.e. extra respite, out of pocket costs, special equipment)

**h. TOTAL Unreimbursed Health Care Expenses (Lines a-g)** \_\_\_\_\_

**6. 7.5 percent of Line 3A or 3B.** (Multiply by .075) \_\_\_\_\_

**7. Health Care Cost Exemption**

If the amount listed on Line 5h is **MORE THAN** the amount listed on Line 6, enter the difference here.

\_\_\_\_\_

**8. Income to Determine Fee** (Line 3A OR 3B minus Lines 4 and 7)

\_\_\_\_\_

**9. Number of Individuals Residing in Household** (adults and minors)

\_\_\_\_\_

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FOR AGENCY USE ONLY

Fee % from Determination Schedule \_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_

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**Your application must be signed.  
Please complete the Family Respite Program Signature Page and  
submit it with your completed application.**

**FAMILY RESPITE PROGRAM APPLICATION SIGNATURE PAGE**

- *I understand that the information provided on this application will be used to determine my child(ren)'s eligibility for the Family Respite Program.*
- *I give my permission to the NAMI Maine Family Respite Program to release statistical information to the Children's Behavioral Health Services in compliance with funding and contractual requirements of respite care services.*
- *I give my consent to NAMI Maine to verify the information included in this application.*
- *I understand I am required to give complete and truthful information.*
- *I understand that false statements made on this form are punishable as a crime.*
- *I have read and reviewed each of the preceding policies, understand and agree to each.*

The NAMI Maine Family Respite Program accepts either a **written signature** or an **electronic signature**.

Please sign this document using one of the following two options:

**Option One: Written Signature**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Option Two: Electronic Signature**

In order to have your electronic signature accepted, you must complete **all three steps**.

1. By checking the 'I Accept' box, you agree that your electronic signature is the legal equivalent of your manual signature on this Child Application Section form.

I Accept

2. Type your full name and the date on the lines below.

\_\_\_\_\_ Date \_\_\_\_\_  
Full name of parent or guardian

3. Answer one of the following questions.

What is the name of the high school you attended? Answer \_\_\_\_\_

What is your mother's maiden name? Answer \_\_\_\_\_

Where were you born? Answer \_\_\_\_\_