

Respite GRANT APPLICATION INSTRUCTIONS

Respite Grant (formally HIRS – Health Informational Referral Services Respite Grants) through the Ottauquechee Health Foundation are designed to help individuals and families during short term health emergencies find in-home care.

Foundation Service Area

The Foundation service area includes eight towns—Barnard, Bridgewater, Hartland, Killington, Plymouth, Pomfret, Reading, and Woodstock—as well as the Village of Quechee.

Use of Funds

The Foundation makes grants as needed for individuals and families during short term health emergencies find in-home care. Funds may only be used for OHF approved caregiver and will be distributed to the caregiver or provider of the service, not to the individual applicant.

Supplementary Nature of Funds

To the extent possible, participation in the payment of costs by the applicant and service provider is required. The Foundation expects a substantial contribution toward the cost of the service by those with moderate incomes, absent special circumstances.

Eligibility

- Respite Grants will be accepted for consideration only after Medicaid, Medicare, private insurance, or other programs have been sought out.
- Respite Grants are made based on financial need—both income and ability to pay. **Please provide a copy of your past year's tax return.** If you have special financial circumstances, please describe them briefly.
- Applicants must reside in the Foundation's service area
- Grants are considered on an individual basis with a maximum grant amount up to \$1,000 per year.

Application Process

The applicant seeking funds will complete and submit the attached application to the Foundation. The Grants Coordinator and Committee will act on the request as soon as possible. The applicant will be notified of the final decision on his/her application within seven (7) days of a decision.

Application Checklist:

- Applicant Information Page – signed
- Referral Information Page – signed
- Copy of most recent income tax return
- Care Plan / Explanation of care needed from provider.

Respite GRANT: APPLICATION INFORMATION

Name of Applicant: _____ Age: _____ Date of Request: _____

Date of Birth: _____ Town Residence: _____ (where you pay taxes)

Address: _____ Phone Number: _____

- Do you have (circle one): Medicare / Medicaid / Neither
- Do you have Private insurance? Yes No
- Are you employed? Yes No

If yes: Place of Employment: _____ Salary/Hourly Rate: _____

- What is your monthly **household** income: \$ _____
- Number of people in your household: _____
- Other sources of income (for example—child support, social security, welfare, alimony)

Source: _____ Monthly amount: \$ _____

- Do you have a Savings Account? Yes No **If yes,** what is the balance: \$ _____
- Housing (check all that apply): Own Home Rent Home Own second home Other

If Other Please Comment: _____

Is there anything else you think we should know when considering your application?

Please attach a copy of your most recent tax return and savings account statement.

Applicant Signature: _____ Date: _____

Respite Purpose of Request

Explanation: _____

Respite Release of Information

RELEASE OF CONFIDENTIAL INFORMATION: I hereby authorize the agencies or persons listed below to release to the Ottauquechee Health Foundation for its use any information in my records maintained by any of the designated agencies or persons that is relevant or necessary for the purpose of providing assistance for my needs.

Name of person or agency involved with my care:	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____

I give the Ottauquechee Health Foundation permission to send health information back to the above listed persons, providers and/or organizations.

Applicant Signature: _____ Date: _____

Please attach a Care Plan / Explanation of care needed from your Provider.

FOUNDATION USE ONLY:

Committee Action Taken: _____ Date: _____

Board Action Taken: _____ Date: _____

Approval Signature: _____

GRANT #: _____