

Virginia Lifespan Respite Voucher Program

Kinship Program and Procedures

The VLRVP has expanded its program to provide reimbursements to Kinship Caregivers to take a break from caring for their loved one. **This application is designed for grandparents or other blood relatives caring for a minor child for whom they have custody.** The goal of this program is to enhance access and reduce barriers to respite care, as well as enhance education and awareness about respite care. Respite funding is limited to \$595.00 per family through June 30, 2026, or until funds are exhausted. This program prohibits the use of these funds for rent, cleaning, medical supplies, food, or other household expenditures. Due to its limited funding, not all eligible applicants will be approved. **This packet consists of three sections: policies and procedures on pg. 1-2, the application on pg. 3-7, and frequently asked questions on pg. 8.**

How to Apply-

Send:

1. The completed 5-page VLRVP Application
2. Proof of Custody

By email to- VLRVP@dars.virginia.gov

By mail to-

Virginia Department for Aging
and Rehabilitative Services (DARS)
1610 Forest Avenue Suite 100
Henrico, Virginia 23229

Or by fax to- (804) 662-9354

Custody Verification-

Any of the following items are valid verification if it is less than 2 years old:

- Court Custody Documents
- TANF-Child Only Verification
- Power of Attorney Paperwork
- Foster Care Confirmation Documents
- Parental Agreement Plan for temporary custody

Once you have submitted a completed application with verification of custody to DARS by one of the methods listed above, you will be notified of your approval within 30 days via mail or email. Upon approval, you will receive a reimbursement packet with instructions on how to utilize the program voucher. The reimbursement packet will contain a letter of approval, voucher letter, reimbursement form, satisfaction survey and a request for taxpayer identification number and certification form (W9). You will need to complete all these items and provide sufficient proof of payment or proof that services have been rendered and submit them back to DARS to receive a reimbursement.

This program allows you to hire an individual, agency or other provider of your choosing to provide care to your loved one on a temporary basis. It is your responsibility to train and ensure that they meet your requirements. If you choose to hire an agency, DARS may be able to pay for services on your behalf after services have been rendered. This needs to be arranged with DARS and the provider before services have begun. DARS may also allow partial reimbursements if you are unable to afford the full respite cost.

This project was supported, in part by grant number 90LRLI0041-01-00, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects with government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official ACL policy.

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Our Goal for this Program

The goal of this program is to enhance access and reduce barriers to respite care, as well as enhance education and awareness about respite care. Some populations have been traditionally underserved within the Commonwealth. One way to identify if these populations of higher need are being served equally is to ask certain questions within the application designed to assess whether program goals are being met.

This grant wants to ensure that certain populations of higher need are being properly served. They are: rural caregivers, male caregivers, LGBTQ caregivers, Indigenous/Native caregivers, and caregivers of people with dementia.

Your answers on this application helps this program secure continued funding so this can remain a resource. Please complete all questions within the application to the best of your ability.

Resources for Caregivers

The Virginia Lifespan Respite Voucher Program is encouraging the use of resources for caregivers who are approved for this program. The goal is to develop some of these resources further as the grant progresses.

Click the links below if you are a Kinship Caregiver looking for resources and more information:

- [Family First Virginia](#)
- [Kinship Virginia](#)
- [Virginia Navigator](#)

The Virginia Caregiver Coalition (VCC) meets periodically throughout the year to provide ongoing information and support about the needs and wants of the caregivers. For those who attend it is an opportunity for caregivers across the state to connect with each other and to provide valuable feedback about the Lifespan Respite Voucher Program. More information is listed below in the bottom right on how to join the VCC and how to attend meetings.

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This program is endorsed by the Virginia Caregiver Coalition. If you would like to learn more about the VCC, visit:

<https://www.vda.virginia.gov/vcc.htm>



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Kinship Application Form															
Primary Caregiver Information															
Preferred Title (check one):										Full Name of Primary Caregiver:					
<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Mx.	<input type="checkbox"/>	Dr.						
<input type="checkbox"/> Military Title						<input type="checkbox"/> Other				Preferred Notice Method:		<input type="checkbox"/>	By Email	<input type="checkbox"/>	By Paper Mail
Street Address:															
City:			State:			Zip Code:			County/City of Residence:						
Primary Phone Number:										Primary Email Address:					
Age:		Gender (check one):							Do you identify as LGBTQ+:						
		<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	Non-Binary	<input type="checkbox"/>	Other	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Prefer not to answer
Ethnicity (check one):				Race (check all that apply):											
<input type="checkbox"/> Hispanic and/or Latino				<input type="checkbox"/> Asian or Pacific Islander				<input type="checkbox"/> African American or Black				<input type="checkbox"/> Native American			
<input type="checkbox"/> Not Hispanic or Latino				<input type="checkbox"/> White		<input type="checkbox"/> Not Listed (specify)									
How are you Related to the Respite Care Recipient? I am their:															
<input type="checkbox"/> Spouse or Partner			<input type="checkbox"/> Adult Child			<input type="checkbox"/> Sibling			<input type="checkbox"/> Parent			<input type="checkbox"/> Court-Appointed Legal Guardian (non-kin)			
<input type="checkbox"/> Grandparent			<input type="checkbox"/> Grandchild			<input type="checkbox"/> Other Relative/Relationship (specify)									
Do you live full time with the Respite Care Recipient:										About how many hours of care do you provide to the Respite Care Recipient per week:					
<input type="checkbox"/> Yes			<input type="checkbox"/> No							<input type="checkbox"/> Less than 20					
If you do not live full-time with the Respite Care Recipient, about how many hours per week do you stay with them?										<input type="checkbox"/> 20-40					
										<input type="checkbox"/> 41-60					
										<input type="checkbox"/> 61-80					
										<input type="checkbox"/> More than 80					
How many people live in the Primary Caregiver's Household:										Are you employed outside of your role as a Primary Caregiver:					
<input type="checkbox"/> Adults			<input type="checkbox"/> Children under 18			<input type="checkbox"/> If yes:		<input type="checkbox"/> Full-time or		<input type="checkbox"/> Part-time (below 40 hrs/wk)					
How did you hear about this program (check all that apply):										Word of Mouth (Friend, Family, Community)					
<input type="checkbox"/> Area Agency on Aging				<input type="checkbox"/> Social Media				<input type="checkbox"/> Tribal Organization							
<input type="checkbox"/> DARS Aging Services				<input type="checkbox"/> Print Media				<input type="checkbox"/> Alzheimer's Association							
<input type="checkbox"/> DARS Brain Injury Services				<input type="checkbox"/> Virginia Navigator				<input type="checkbox"/> LGBTQ+ Organization							
<input type="checkbox"/> Community Services Board				<input type="checkbox"/> Religious Community				<input type="checkbox"/> Centers for Independent Living							
<input type="checkbox"/> Hospice				<input type="checkbox"/> Social Worker				<input type="checkbox"/> Other							

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Respite Care Recipient Information															
Full Name of Respite Care Recipient:															
Street Address (if different):															
same as above															
City:			State:			Zip Code:			County/City of Residence:						
Does this child have a disability?			Yes		No		If no, skip Care Needs and Medical Diagnosis questions								
Age:		Gender (check one):						Do you identify as LGBTQ+:							
		Female		Male		Non-Binary		Other		Yes		No		Prefer not to answer	
Ethnicity (check one):			Race (check all that apply):												
Hispanic and/or Latino			Asian or Pacific Islander			African American or Black			Native American						
Not Hispanic or Latino			White			Not Listed (specify)									
Care Recipient's Primary Care Needs (check all that apply): <i>*skip remaining questions if no disability present</i>															
Personal Care (eating, bathing, grooming, dressing, toileting)															
Mobility (transferring from bed/chair, moving around inside, moving around outside)												Other			
Household (cleaning, laundry, grocery shopping, paying bills)												Other			
Health Needs (medication reminders/management, scheduling doctor's appointments)												Other			
Nursing Care (feeding tubes, injections, catheters, ostomy care, wound care, suctioning)												Other			
Companion Care (socialization, recreation, general supervision)												Other			
Primary Medical Diagnosis of Care Recipient (check all that apply): supporting documentation is required															
Intellectual/Developmental Disability			Neurological Impairment			Degenerative Neurological Impairment			Deafness						
Autism			Stroke			Alzheimer's			Sensory Processing Disorder						
Intellectual Disability			Traumatic Brain Injury			Parkinson's			Other						
ADHD			Spinal Cord Injury			Lewy Body Dementia			Emotional/Mental/ Psych. Impairment						
Down Syndrome			Epilepsy/Seizure Disorder			Frontotemporal Dementia									
Other			Other			Vascular Dementia			Depression						
Physical/Mobility Impairment			Medically Fragile or Frail			Dementia Unspecified			PTSD						
			Frailty			ALS			Schizophrenia						
Multiple Sclerosis			End Stage Renal Disease			Other			Bipolar Disorder						
Muscular Dystrophy			Organ Failure			Sensory/Communication Impairment			Oppositional						
Cerebral Palsy			Cancer						Defiance Disorder						
Other			Other			Blind/Vision Impaired			Other						

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Are you currently receiving respite services?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, who provides the respite care:			Do you pay for this service?		
<input type="checkbox"/>	Family	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Friends/Neighbors	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Church/Religious/Faith Group	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Hospice	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Area Agency on Aging	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Home Care Agency	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Veteran's Administration Services	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does Social Services pay for any of these?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Regardless of whether you receive respite support, in what way will this grant helps you fill service gaps?					
I plan to use the voucher to hire someone to provide (check all that apply):					
Respite Type:				Provider Type:	
<input type="checkbox"/>	Personal Care (eating, bathing, grooming, dressing, toileting)			<input type="checkbox"/>	Individual
<input type="checkbox"/>	Skilled Nursing/Medical Care (nurse, specialized therapists)			<input type="checkbox"/>	Individual
<input type="checkbox"/>	Homemaker Services			<input type="checkbox"/>	Individual
<input type="checkbox"/>	Companion Services			<input type="checkbox"/>	Individual
<input type="checkbox"/>	Adult Day Services/Child Daycare Services			<input type="checkbox"/>	Individual
<input type="checkbox"/>	Overnight Care In-Home			<input type="checkbox"/>	Individual
<input type="checkbox"/>	Overnight Care Out-of-Home			<input type="checkbox"/>	Individual
<input type="checkbox"/>	Other (summer camp, therapeutic programs) _____			<input type="checkbox"/>	Individual
<input type="checkbox"/>				<input type="checkbox"/>	Agency

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These questions are designed to help assess how caregiving affects your life. Please check the box that best describes your feelings towards the question being asked.

Do you feel...

1. That because of the time you spend with your loved one that you don't have time for yourself?	<input type="checkbox"/>	never	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	frequently	<input type="checkbox"/>	nearly always
2. Stress between caring for your loved one and trying to meet other responsibilities?	<input type="checkbox"/>	never	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	frequently	<input type="checkbox"/>	nearly always
3. Angry when you are around your loved one?	<input type="checkbox"/>	never	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	frequently	<input type="checkbox"/>	nearly always
4. That your loved one currently affects your relationship with family members or friends in a negative way?	<input type="checkbox"/>	never	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	frequently	<input type="checkbox"/>	nearly always
5. Strained when you are around your loved one?	<input type="checkbox"/>	never	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	frequently	<input type="checkbox"/>	nearly always
6. That your health has suffered because of your involvement with your loved one?	<input type="checkbox"/>	never	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	frequently	<input type="checkbox"/>	nearly always
7. That you don't have as much privacy as you would like because of your loved one?	<input type="checkbox"/>	never	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	frequently	<input type="checkbox"/>	nearly always
8. That your social life has suffered because you are caring for your loved one?	<input type="checkbox"/>	never	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	frequently	<input type="checkbox"/>	nearly always
9. That you will be unable to take care of your relative much longer?	<input type="checkbox"/>	never	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	frequently	<input type="checkbox"/>	nearly always
10. Uncertain about what to do with your loved one?	<input type="checkbox"/>	never	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	frequently	<input type="checkbox"/>	nearly always
11. That you should be doing more for your loved one?	<input type="checkbox"/>	never	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	frequently	<input type="checkbox"/>	nearly always
12. That you could be doing a better job caring for your loved one?	<input type="checkbox"/>	never	<input type="checkbox"/>	rarely	<input type="checkbox"/>	sometimes	<input type="checkbox"/>	frequently	<input type="checkbox"/>	nearly always

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Primary Caregiver: Please read and initial each item below and then sign and date before submitting the application to the Virginia Department for Aging and Rehabilitative Services (DARS).

- | | |
|--|---|
| | I attest that I am the Primary Caregiver of the Respite Care Recipient listed in this application form and that I reside in the Commonwealth of Virginia. |
| | I understand that the intention of the Virginia Lifespan Respite Voucher Program is to allow the Primary Caregiver to get a short-term break from providing care to their loved one, after approval, by hiring a Respite Care Provider. This program prohibits the use of these funds for rent, cleaning, medical supplies, food, or other household expenditures. I understand that the funds I receive from the Lifespan Respite Voucher Program are solely for services provided to the Respite Care Recipient listed on this application. |
| | I understand that if I elect to hire my own individual Respite Care Provider, I am responsible for negotiating the rate of pay with the identified Respite Care Provider. I am also responsible for providing any training or instruction the respite care provider(s) of my choice may need to provide services to the Respite Care Recipient. |
| | I acknowledge that I am responsible for hiring the Respite Care Provider and arranging payment for services received. I understand that I will be reimbursed a sum not to exceed \$595.00. I understand that I am responsible for any difference in the amount approved and the amount paid by me, if any. I understand that any unspent portion of my respite voucher may be forfeited if I have not made prior arrangements for use of my respite voucher funds by the deadline provided in the voucher letter. |
| | I understand that I am required to complete a tax ID form by the Commonwealth of Virginia to receive a reimbursement check; it is not sent to the IRS or any other entity for tax purposes.
I understand that if I have existing government debt, I may not receive my entire refund. |
| | I attest that I have read the Virginia Lifespan Respite Voucher Program application procedures and understand that I must provide supporting documentation of custody of the Respite Care Recipient and that completion of all required forms are necessary for reimbursement. I understand my signature below authorizes a release of information for program purposes only. |

The Virginia Department for Aging & Rehabilitative Services (DARS) administers the Virginia Lifespan Respite Voucher Program to provide short-term funding for respite care services but does not provide these services directly or indirectly. I attest that the information included in this **Application Form** is true and accurate to the best of my knowledge. I understand that falsification of information will result in termination of services and disqualification from this program.

Primary Caregiver Signature:

Date:

Please mail, fax, or email this completed form with the required documentation of custody to:

Virginia Lifespan Respite Voucher Program, ATTN: Kim Vivaldi
Virginia Department for Aging and Rehabilitative Services (DARS)
1610 Forest Avenue Suite 100, Henrico, VA 23229
Fax: (804) 662-9354; or email to: vlrvp@dars.virginia.gov

Virginia Lifespan Respite Voucher Program

Frequently Asked Questions

What is the Virginia Lifespan Respite Voucher Program?

The Virginia Lifespan Respite Voucher Program (VLRVP) provides reimbursement to Kinship Caregivers for the cost of temporary, short-term respite care provided to minor child they have custody of.

To be eligible for this program you must live in the Commonwealth of Virginia and must be a primary caregiver of a minor child you have custody of. Voucher funding is limited to a total of \$595 per household. Voucher funding will continue until June 30, 2026 or when funds are exhausted. Families may apply for the program once per year. Please continue to read below for frequently asked questions about the Virginia Lifespan Respite Voucher Program.

- 1. What is Respite?** Respite is well-deserved time off. The Lifespan Respite Care Act of 2006 defines respite care as “planned or emergency care provided to a child or adult with a special need in order to provide temporary relief to the family caregiver of that child or adult.”
- 2. Who is the Primary Family Caregiver?** The Primary Family Caregiver is the family member or other adult providing ongoing unpaid care for a child or an adult with a disability.
- 3. Who is the Respite Care Recipient?** The Care Recipient can be a person of any age with any type(s) of severe disability or chronic condition. For Kinship Caregivers, the child they are caring for does not need to have a disability.
- 4. Who is the Respite Provider?** The respite provider is an individual or agency selected by a family or caregiver to provide respite.
- 5. What are types of Respite?** Types of respite vary and can include: skilled or unskilled care, the use of formal providers who are hired and trained by an agency, or informal providers that are available through family and friends and/or religious organizations. Respite may also include child care or summer camps for Kinship Caregivers.
- 6. Will DARS arrange the Respite Care?** DARS does not provide or arrange for respite care. This DARS program is participant-directed. YOU are responsible for selecting, hiring, training, and paying a respite care provider of your choice, at a time that is convenient for you and your loved one. Respite and caregiver resources are available through the Virginia Family Caregiver Solutions center at <https://vf.virginianavigator.org/> or via internet searches.
- 7. Can I hire a Respite Provider who lives in my home or is under 18?** If you choose to select a respite care provider yourself, the individual selected to provide the respite care **MUST** be at least 18 years old and cannot be someone who currently resides in your home. You are also responsible for negotiating the rate of pay with the respite care provider you select. The program allows for a maximum rate of \$20.00 per hour for an individual and \$30.00 per hour for an agency.
- 8. Can I use my current Respite Provider?** Yes, you may, but program funds cannot be used to replace current funding for respite or to pay for respite just to allow the caregiver to work. Funding must be used to provide services that allow the caregiver to take a break from caregiving duties. It must go “above and beyond” what is currently being received.
- 9. Can I use the reimbursement for different care services/days?** The \$595 does not have to be used all at once; it can be spread over several periods of respite care.