



Virginia Lifespan Respite Voucher Program

🌀 Program Policies and Procedures 🌀

The Virginia Lifespan Respite Voucher Program (VLRVP) provides reimbursement vouchers to Virginia caregivers for the cost of temporary, short-term respite care provided to individuals, of any age, with a documented severe disability or medical condition. 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. 8-10.**

How to Apply-

Send:

1. The completed 5 page Virginia Lifespan Respite Voucher Program Application
2. Verification of disability or medical condition for the Respite Care Recipient

By email to

vlrvp@dars.virginia.gov

By mail to

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

Or by fax to (804) 662-9354

Disability Verification- **New**

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

- Doctor's written diagnosis of disability/condition
- Hospital Visit Summary
- Social Security Disability or Supplemental Security Income
- Letter of current participation in Hospice/ Palliative Care
- Vocational Rehabilitation Statement of Qualifying Disability
- Long-term Disability Insurance Statement of Eligibility

Once you have submitted a completed application with verification of disability or medical condition 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 of 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.

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.

If you have questions or need assistance completing this
application

contact: Kamryn Faison at

vlrvp@dars.virginia.gov

(804) 910-5646 Or call toll free at: +1-800-552-3402

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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 are traditionally underserved within the Commonwealth. One way to identify if these populations of higher need are being served in equally, is to ask certain questions within the application designed to assess whether program goals are being met. Please complete all questions within the application to the best of your ability.

This grant wants to ensure that these 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.

Program Resources for Caregivers

The Virginia Lifespan Respite Voucher Program is encouraging the use of two new resources for caregivers who are approved for this program. These may change over the course of the grant as we learn more about their use and receive feedback. The grant's goal is to develop these resources further as the grant progresses.

RCAW Caregiver KIT: The Respite Care Association of Wisconsin offers a variety of free online training courses for both caregivers and respite workers on many topics. The Virginia Lifespan Respite Voucher Program is developing its own training material, but until it is completed, the grant program recommends the RCAW [How to Hire, Train, and Retain Respite Providers](#) module. This is an excellent out-of-state resource that may assist caregivers who use this program. We encourage all caregivers to complete it and email their certificate of completion to vlrvp@dars.virginia.gov. Once it is received, we will send you a brief survey to get your feedback on the training. We would encourage all caregivers to complete the training before hiring a service provider. You can find the training link below, but an account must be created in order to access it.

<https://wisconsin-respitecarewi.talentlms.com/catalog/info/id:125>

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 meeting.

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.

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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Application Form

Primary Caregiver Information

Preferred Title (check one): <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 _____		Full Name of Primary Caregiver: Preferred Notice Method: <input type="checkbox"/> Via Email <input type="checkbox"/> Via Paper Mail	
Street Address: 			
City: 	State: 	Zip Code: 	County/City of Residence:
Primary Phone Number: 		Primary Email Address: 	

Age: 	Gender (check one): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other _____	Do you identify as LGBTQ+: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Ethnicity (check one): <input type="checkbox"/> Hispanic and/or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (check all that apply): <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> African American or Black <input type="checkbox"/> Indigenous or Native American <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 <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Other (specify) _____		
Do you live full-time with the Respite Care Recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No If you do not live full-time with the Respite Care Recipient, about how many hours per week do you stay with them? _____	About how many hours of care do you provide to the Respite Care Recipient per week: <input type="checkbox"/> Less than 20 <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: _____ Adults _____ Children under 18	Are you employed outside of your role as a primary caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time (below 40hrs/week)	

How did you hear about this program (check all that apply):

<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 Boards	<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's Information

Full Name of Respite Care Recipient:			
Street Address (if different): <input type="checkbox"/> same as above			
City:	State:	Zip Code:	County/City of Residence:

Is the Care Receiver a Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Age:	Gender (check one): <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Other _____		Do they identify as LGBTQ+: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Ethnicity (check one): <input type="checkbox"/> Hispanic and/or Latino <input type="checkbox"/> Not Hispanic or Latino		Race (check all that apply): <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> African American or Black <input type="checkbox"/> Indigenous or Native American <input type="checkbox"/> White <input type="checkbox"/> Not Listed (specify) _____	
Care Recipient's Primary Care Needs (check all that apply): <input type="checkbox"/> Personal Care (eating, bathing, grooming, dressing, toileting) <input type="checkbox"/> Mobility (transferring from bed/chair, moving around inside, moving around outside) Other _____ <input type="checkbox"/> Household (cleaning, laundry, grocery shopping, paying bills) Other _____ <input type="checkbox"/> Health Needs (medication reminders/management, scheduling doctor's appointment) Other _____ <input type="checkbox"/> Nursing Care (feeding tubes, injections, catheters, ostomy care, wound care, suctioning) Other _____ <input type="checkbox"/> Companion Care (socialization, recreation, general supervision) Other _____			
Primary Medical Diagnosis of Care Recipient (check all that apply): supporting documentation is required			

Intellectual/Developmental

Disability

- ☐ Autism
- ☐ Intellectual Disability
- ☐ ADHD
- ☐ Down Syndrome
- ☐ Other _____

Physical/Mobility Impairment

- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Cerebral Palsy
- ☐ Other _____

Neurological Impairment

- ☐ Stroke
- ☐ Traumatic Brain Injury
- ☐ Spinal Cord Injury
- ☐ Epilepsy/Seizure Disorder
- ☐ Other _____

Medically Fragile or Frail

- ☐ Frailty
- ☐ End Stage Renal Disease
- ☐ Organ Failure
- ☐ Cancer
- ☐ Other _____

Degenerative Neurological Impairment

- ☐ Alzheimer's
- ☐ Parkinson's
- ☐ Lewy Body Dementia
- ☐ Frontotemporal Dementia
- ☐ Vascular Dementia
- ☐ Dementia Unspecified
- ☐ ALS
- ☐ Other _____

Sensory/Communication Impairment

- ☐ Blind/Vision Impaired

- ☐ Deaf/Hard of Hearing
- ☐ Sensory Processing Disorder

Emotional/Mental/Psych. Impairment

- ☐ Other _____
- ☐ Depression
- ☐ PTSD
- ☐ Schizophrenia
- ☐ Bipolar Disorder
- ☐ Oppositional Defiance Disorder
- ☐ 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 Medicaid pay for any of these? Yes No	

Regardless of whether you receive respite support, in what way will this grant help 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 (bathing, dressing, eating, feeding, toileting)	<input type="checkbox"/> Individual <input type="checkbox"/> Agency
<input type="checkbox"/> Skilled Nursing/Medical Care (nurse, specialized therapists)	<input type="checkbox"/> Individual <input type="checkbox"/> Agency
<input type="checkbox"/> Homemaker Services	<input type="checkbox"/> Individual <input type="checkbox"/> Agency
<input type="checkbox"/> Companion Services	<input type="checkbox"/> Individual <input type="checkbox"/> Agency
<input type="checkbox"/> Adult Day Services	<input type="checkbox"/> Individual <input type="checkbox"/> Agency
<input type="checkbox"/> Overnight Care In-Home	<input type="checkbox"/> Individual <input type="checkbox"/> Agency
<input type="checkbox"/> Overnight Care Out-of-Home	<input type="checkbox"/> Individual <input type="checkbox"/> Agency
<input type="checkbox"/> Other (summer camp, therapeutic programs) _____	<input type="checkbox"/> Individual <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 feeling 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 have lost control of your life since your loved ones illness?	<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 about 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 do 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 in order 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 disability or medical condition 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 condition or disability

to: Virginia Lifespan Respite Voucher Program, ATTN: Kamryn Faison

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

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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 Primary Family Caregivers for the cost of temporary, short-term respite care provided to individuals of any age with a disability or chronic condition.

In order to be eligible for this program you must live in the Commonwealth of Virginia, must be a primary caregiver of a loved one with a documented disability or medical condition, and you must reside at least part-time with your loved one. 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 an adult or child 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.
4. **Who is the Respite Provider?** The respite provider is an individual or agency selected by a family or caregiver to provide respite to an individual with special needs.
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.
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.

If you have questions or need assistance completing this application contact: Kim Vivaldi at vlrvp@dars.virginia.gov

(804) 662-7650

Or call toll free at: +1-800-552-3402

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10. **Is there a deadline to use the funding?** Yes. Once approved, you will have until the end of your voucher period (typically 90 days) to utilize services and request a reimbursement through the program.
11. **What is considered valid verification of disability or medical condition?** Documentation must be less than two years old and can be verified in a variety of ways. A written doctor's note stating the care receiver's name and diagnosis, hospital visit summary, Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or letter of participation in hospice or palliative care are sources of valid documentation. Other document types may also be valid if it contains at minimum: the care receiver's name, diagnosis, medical condition or statement regarding disability from an official source.
12. **What if I have multiple disabled family members living in my home?** Even if you have more than one person in your home who will receive respite services, the maximum amount for reimbursement is \$595 per household. If you care for more than one disabled family member that you would like to use this program for, you will have to provide information for them all.
13. **What are the qualifications of the program?** Requirements are as follows: The family caregiver and care recipient must reside within the Commonwealth of Virginia. If the family currently receives respite or other care, funds cannot be used to replace current funding for respite/daycare. Funds cannot be used so the family caregiver can work. Documentation of disability must be submitted with the application.
14. **What is the \$595 for?** Funding must be used to provide services that allow the caregiver to take a break from caregiving duties.
15. **When will I know if my application has been approved?** If you are eligible for the Virginia Lifespan Respite Voucher Program and funds are still available, you will be notified of approval within 30 days from the date the application is received by DARS.
16. **What is considered valid proof of payment for respite services?** Valid proof of payment includes invoices from formal respite providers showing payment, bank statements showing a copy of cashed checks, screenshots from money transfer apps (Venmo, Zelle, PayPal, CashApp), money order receipts, or valid signed statements regarding cash payments. Voided checks, copies of uncashed checks, or statements regarding cash payments not signed by both the caregiver and respite provider are NOT considered valid proof of payment for this program. Also, the amount incurred on the reimbursement form and the amount listed on the proof of payment MUST be identical.
17. **When will I receive the reimbursement?** It can take up to 45 days from the date your Reimbursement packet is received by DARS to get your reimbursement check from the Virginia Lifespan Respite Voucher Program. This is in accordance with Virginia's Prompt Payment Act.
PLEASE NOTE: If you have an existing government debt, you may not receive your entire refund.
18. **Can I pay the Respite Provider more than \$595?** The DARS Virginia Lifespan Respite Voucher Program will send a check to you, the Primary Family Caregiver, to reimburse you for payment you have made to the selected respite care provider, not to exceed \$595/household. You will be reimbursed only for actual expenses that are documented and submitted to DARS. You may pay more than the voucher amount you requested from DARS, but YOU will be responsible for making up the difference between the amount approved through the Lifespan Respite Voucher Program and what you have agreed to pay the provider.

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19. **Can I use this program if I have Medicaid, Medicare or receive respite through another service?** You will not be disqualified for this program if you receive Medicaid or Medicare or receive respite through another program. We encourage individuals to seek out other resources for help with their family member. Use of respite services allows the family caregiver to provide better care for longer periods of time, if needed. If the family currently receives respite services, 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.
20. **Does the *W-9 Form* mean that I have to pay taxes on the money I receive?** The reimbursement check will be mailed to the address you indicate on the W-9 Form. The W-9 Form is required by the Commonwealth in order to issue the reimbursement check; it is not sent to the IRS or any other entity for tax purposes. If you owe money to certain government agencies and institutions, Virginia is authorized to withhold reimbursement, in accordance with the Virginia Debt Collection Act (Va. Code § 2.2-4800 et seq.) and the U.S. Treasury Offset Program (31 U.S.C. § 3716).
21. **Will the check be sent to the Respite Provider?** Reimbursement checks will be made payable to you, the primary caregiver, and not to the respite care provider in most instances. You are responsible for payment to your respite care provider. The reimbursement check will be mailed to the address you indicate on the ***W-9 Form***. If you choose to utilize a respite agency and have trouble paying upfront for the total cost, direct payment may be arranged between DARS and the respite provider agency, but this must be communicated with DARS shortly after approval.
22. **What is the Caregiver KIT? Is it required to use this program?** The Respite Care Association of Wisconsin (RCAW) offers a variety of free online training courses for both caregivers and respite workers on many topics. The Virginia Lifespan Respite Voucher Program is developing its own training material, but until it is completed, the grant program recommends the RCAW [How to Hire, Train, and Retain Respite Providers](#). This is an excellent out-of-state resource that may assist caregivers who use this program. We encourage all caregivers to complete it, but it is not required.



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