Application for DDSN Respite Funds

Consumer Name:		DOB/Age:
Parent/Legal Guardian:	Address:	Phone Number:
EI/CM Name:	EI/CM Supervisor:	

DDSN Eligibility:

- ☐ ID
- ☐ RD
- ☐ Autism
- ☐ HASCI

- ☐ AT RISK? __ Yes __ No
- ☐ TIME LIMITED? __ Yes __ No

If at-risk or time-limited, provide eligibility expiration date: _____

Date of Request:

Is this person enrolled in any Medicaid Home and Community Based Waiver? (ID/RD, PDD, CSW, MCC, CCW)	Yes	No	
	Yes	No	
Does this person receive residential habilitation services?	Yes	No	
Does this person reside in an ICF/IID or Nursing Home?	Yes	No	
Is this person in foster care or in a therapeutic foster care home?	Yes	No	
Does this person receive State Funded Community Supports?	Yes	No	

*If yes is checked for any of the above questions, the person is not eligible to receive respite.

Answer the following questions about the person applying for respite:

Medicaid Eligible?	Yes	No	If not Medicaid eligibility has this person applied? Date applied:		Yes No
Receiving Children's Personal Care Aide Services? If yes, list amount and frequency.	Yes	No	Receiving homebound school services? If so, how many hours are provided each week?		Yes No
Receives Private Duty Nursing as a State Plan Service? If yes, list amount and frequency.	Yes	No	Receiving homeschool services?		Yes No
Receiving RBHS?	Yes	No	Enrolled in a day care, adult day program, adult day health care or employment program?		Yes No

Attending school?	Yes No	On the waiting list for a DDSN Waiver?		Yes No
Engaging in inappropriate disruptive behavior on a daily basis (hitting, kicking, running away, smearing feces, eating non-food items. etc.?	Yes No	Have a complex medical condition or disabilities that makes care difficult (diaper changes/ incontinence care, hands on feeding, etc.)		Yes No

If answered yes to any of the above questions in this section. please explain:

(Attach additional information or records if needed)

Who is the primary caregiver for the applicant?

Name: relationship /age:

Who provides care when the primary caregiver is not available?

Name:		Relationship/age:	
Name:		Relationship/age:	
Name:		Relationship/age:	

List others who live in the home and their age (i.e. mother. 25, sister. 24 months)

Relationship	Age	Relationship	Age

Has the applicant received respite in the past 6 months? ___Yes ___ No

If yes, how often was respite received?_____

Additional justification:

Request for respite funding:

☐ **To be provided one-time during the temporary absence of the primary caregiver.**

Number of hours requested:	
Dates of request:	

Explain why the caregiver will be unavailable:

☐ **To be provided monthly.**

Number of hours requested per month:	
Duration of Request (i.e. 3 months. March, April. May. etc.): (cannot exceed 6 months. cannot cross over contract period which ends June 30)	

Amount Requested:

Total Number of Hours: ____________________ **Total Hourly Rate:** ________________

Total Amount Requested: $________________________

I certify that the above information is true and complete. I understand that submitting false information or use of respite funds for purposes other than as requested may result in termination of assistance and a payback of expended funds to DDSN.

____ _____________________

Signature of Person Completing Application Date

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

(To be completed by Management Only)

- ☐ Approved
- ☐ Denied **(Written notification of denial with the appeal process shall be provided by the EI/CM to the family.**

Reason for Denial:

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____ _____________________

Signature of Director Date

Individual Family Support and Respite (IFS/R) State Funding Guidelines

IFS/R funds are used to assist families in caring for their family member with special needs. DDSN issues funds to providers across to state to distribute according to the established guidelines and directive set forth by DDSN. Requests for funds may be made to Easterseals for those who are currently served by our agency. Funds are limited and each request will receive careful review and consideration.

The purpose of Individual Family Support and Respite funding

- Provide assistance to families in caring for a DDSN eligible person
- Assist families who are providing direct, hands-on care and supervision
- Avoid unsafe, risky or dangerous situations
- Assist consumers and families who can care for their family member at home but incur additional expenses due to the disability
- Should be used for needs that are not incurred routinely by families with non-disabled individuals
- Funding is intended to be limited, one-time or short-term and should not be ongoing
- IFS/R is not an entitlement program or a general public assistance benefit
- IFS/R is not intended to be used for typical expenses that are routinely incurred by families such as rent, utilities, childcare/babysitting for children under age 12, etc.

Updated 8/29/17

Eligibility:

IFS/R funding shall be available to:

- Those who are DDSN eligible - all ages
- Those who are eligible for DDSN services in the "At-Risk" category ages 0-3 are eligible (Those served at-risk ages 3-6 are not eligible)
- Those who are NOT enrolled in any Medicaid Home and Community Based Waiver.
- Those who do not receive Residential Habilitation.
- Those who do not reside in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/11D) or a NursingFacility.
- Those who are not in SC Department of Social Services Foster Care or Therapeutic Foster Homes.
- Those who do not reside in a Psychiatric Residential Treatment Facility (PRTF).
- Those who do not receive State Funded Community Supports
- Those families whose income is at or above the threshold specified in Attachment A- Income Standards

Family Support Funds

- Based on the income of the consumer and family members residing in the same home as the consumer. Please see attached income guidelines.
- Must provide a current pay stub or other means of verifying both earned and unearned income for ALL household members (SSI, Child Support, etc.)
- Provide information on how the consumer's social security or other unearned income is used
- Exceptions to the income guidelines can occur when the person does not meet the income criteria but has significant expenditures related to the person's disability

Respite:

- Respite requests DO NOT require review of income.

***If a family receives more than $600 in a calendar year, an IRS Form 1099 will be issued.

Refer to SCDDSN Directive 734-01-DD for more information. http://www.ddsn.sc.gov/about/directives-standards/Documents/currentdirectives/734-01-DD%20-%20Revised%20{092313).pdf