NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Nebraska Department of Health and Human Services

Individual Respite Provider Application

Office Use Only
Date Received: ____/____/_____
Background Checks Completed: ____/____/_____
Date Entered: ____/____/_____

Please return to:

☐ Initial Application ☐ Annual Update

Applicant's Full Legal Name:	
Home Address:	City, State, Zip:
Mailing Address (if different):	City, State, Zip:
Home or Cell Phone:	Email:
Can we contact you via email? ☐ Yes ☐ No	Can we contact you via text? ☐ Yes ☐ No
Maiden Name or Other Names Used:	Date of Birth:

Check boxes for times available:	MON	TUES	WED	THURS	FRI	SAT	SUN
DAYTIME	☐	☐	☐	☐	☐	☐	☐
EVENINGS	☐	☐	☐	☐	☐	☐	☐
OVERNIGHTS	☐	☐	☐	☐	☐	☐	☐
EXTENDED PERIODS	☐	☐	☐	☐	☐	☐	☐
EMERGENCIES/CRISIS RESPITE	☐	☐	☐	☐	☐	☐	☐

Are you willing to travel to provide respite or transport care recipient to scheduled activities, etc.? ☐ Yes ☐ No
If yes, maximum distance from your address: ☐ 10 miles ☐ 25 miles ☐ 50 miles ☐ over 50 miles
Towns/Counties Served: _____

Please check types of care you are willing to provide:
☐ Non-skilled Companion ☐ Skilled Nursing

Please check where you are willing to provide respite:
☐ Care Recipient's Home ☐ Provider's Home ☐ Community Setting

Please check Activities of Daily Living (ADLs) you are you willing to work with:
☐ Toileting ☐ Bathing ☐ Dietary ☐ Grooming
☐ Mobility ☐ Dressing ☐ Transferring

Please check the Emotional and Behavioral Impairments you are willing to work with:
☐ ADD/ADHD ☐ Hyperactivity ☐ Reactive Attachment Disorder
☐ Anxiety ☐ Mental Disorders ☐ Self-Abusive
☐ Depression ☐ Oppositional Defiant Disorder ☐ Temper Tantrums
☐ Fetal Alcohol Syndrome ☐ Physically Aggressive

Please check the Medical and Health Impairments and/or Specific Disabilities you are willing to work with:

- ☐ ALS/Lou Gehrig's Disease
- ☐ Alzheimer's/Dementia
- ☐ Autism/Autism Spectrum Disorder
- ☐ Arthritis or Other Joint Problems
- ☐ Blood problems, such as Anemia or Sickle Cell Disease
- ☐ Breathing problems such as Asthma, COPD or Cystic Fibrosis
- ☐ Cancer
- ☐ Catheter Care
- ☐ Cerebral Palsy
- ☐ Diabetes
- ☐ Feeding Tube
- ☐ Hearing Impairment/Hearing Aids
- ☐ Heart Problems
- ☐ Intellectual Disability/Developmental Delay
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Paraplegia/Quadriplegia
- ☐ Parkinson's Disease
- ☐ Seizure Disorder
- ☐ Severe Allergies
- ☐ Speech and Language Delays
- ☐ Spinal Cord
- ☐ Stiff Person's Syndrome
- ☐ Stroke
- ☐ Tracheotomy
- ☐ Traumatic Brain Injury
- ☐ Visual Impairment

Please check the ages you are willing to work with (check all that apply):

- ☐ 0-2 years
- ☐ 3-5 years
- ☐ 6-18 years
- ☐ 19-35 years
- ☐ 36-50 years
- ☐ 51-64 years
- ☐ 65-74 years
- ☐ 75-84 years
- ☐ 85 and over
- ☐ All Ages

Language(s) spoken (check all that apply):

☐ English ☐ Spanish ☐ Other (please list) _____

How did you hear about the Nebraska Lifespan Respite Network? (check all that apply)

- ☐ Presentation
- ☐ Newspaper
- ☐ TV/Cable/Radio (please circle)
- ☐ Brochure/Poster
- ☐ Newsletter
- ☐ Referral
- ☐ Friend/Relative
- ☐ Internet
- ☐ Other _____

I give permission to include my information on the Official Nebraska Government Website, Nebraska Resource and Referral System (NRRS) Provider Listing for Respite Resources. If you mark "NO" your information will remain private through the Nebraska Lifespan Respite Network secure online system. ☐ Yes ☐ No

Nebraska Lifespan Respite Network Provider Standards:

By signing this Application the Applicant understands that as a condition of applying to be a Lifespan Respite Network-Approved Provider, compliance with Provider Standards is required:

1. Ensure individual provider, age 14 or older if providing respite care, or agency staff person having direct care recipient contact has been cleared with the DHHS Child Abuse/Neglect Central Registry, the DHHS Adult Protective Services Central Registry, State Patrol Sexual Offenders Registry and the State Patrol Criminal History Check. Agency applicant will maintain results of these checks in the employee personnel files and make available to the Department.
2. Agency provider is licensed and/or certified as required by state law.
3. Provide respite services as an independent contractor recognizing that the provider is not an employee of the Department or State.
4. Respect the care recipient's rights to confidentiality and safeguard confidential information.
5. Acknowledge responsibility for the care recipient's safety and property.
6. Have knowledge, experience, and / or skills to perform the task(s) agreed upon to safely provide respite care.
7. Assure that any suspected abuse or neglect will be immediately reported to law enforcement and / or the Abuse-Neglect hotline (1-800-652-1999).
8. In accordance with Title 464 NAC 1.019.01 DEPARTMENT DISCRETION. The Department retains the authority to deny payment to a recipient's choice of provider in the following circumstances:
    a. The provider engages in fraudulent billing;
    b. The provider has committed fraud in other Department programs;
    c. The provider has been convicted of abuse or neglect of a vulnerable adult or child;
    d. The provider has been convicted of a violent crime;
    e. The provider has been convicted of child pornography;
    f. The provider has been convicted of domestic abuse or assault;
    g. The provider has been convicted of shoplifting after age 19 and within the last three years;
    h. The provider has a conviction for felony fraud in the past 10 years;
    i. The provider has a conviction for misdemeanor fraud in the past five years;
    j. The provider has a conviction for possession controlled substances within the last 10 years;
    k. The provider has a conviction for manufacturing of a controlled substances within the last 10 years;
    l. The provider has a conviction for prostitution or solicitation of prostitution within the last five years;
    m. The provider has a conviction for robbery or burglary within the last 10 years;
    n. The provider has a conviction for rape or sexual assault;
    o. The provider is a registered or required to be registered on a State or National Sex Offender Registry or Repository;
    p. The provider has a conviction for any crime against a child or vulnerable adult;
    q. The provider has a conviction for kidnapping;
    r. The provider has a conviction for animal cruelty, abuse, or neglect;
    s. The provider has a conviction for arson;
    t. The provider has convictions for driving under the influence within the last five years;
    u. The provider has two or more pending driving under the influence charges; or
    v. The provider has convictions for any other crimes jeopardizing the safety of a child or vulnerable adult.

I certify that I have read and understand the standards as stated and referenced above and agree to comply with all Provider Standards.

If you are providing respite <u>in your home</u>, the following information must be completed and signed by any person age 19 or older living in the household, even if they are not applying to provide respite. If you are providing respite <u>outside of your home</u>, only the applicant needs to complete and sign. Attach additional sheets if needed.

Please attach a copy of your Driver's License or Government Issued Photo ID for your Provider file.

_____	_____	____/____/_____
Applicant Signature	Printed Name	Date (Month, Day, Year)
_____	_____	____/____/_____
Household Member Signature	Printed Name	Date (Month, Day, Year)
_____	_____	____/____/_____
Household Member Signature	Printed Name	Date (Month, Day, Year)

How to submit your application

The mailing address is different for each region of Nebraska. Using the map below to locate the county you live in and send this complete paper document to a respite coordinator in your region listed below. To e-file your applications please attach application form in an email addressed to your local regional coordinator below.

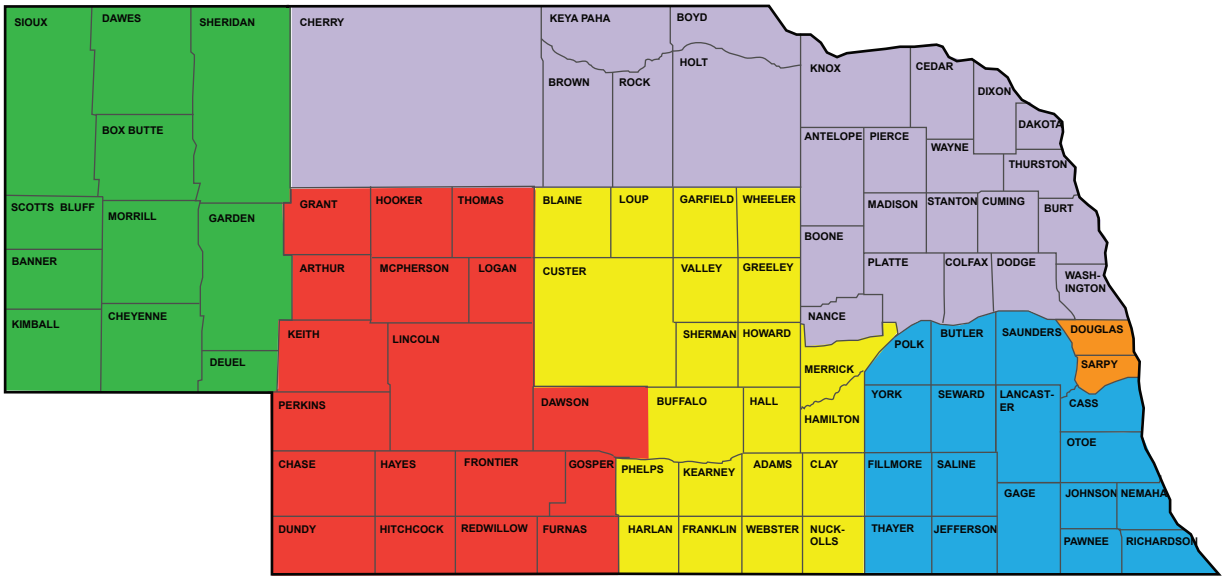
Nebraska Department of Health and Human Services
Nebraska Lifespan Respite Network

dhhs.ne.gov/respite

respite.ne.gov

DHHS - Division of Disability and Aging
Lifespan Respite Subsidy Program and
Disabled Persons & Family Support Program
Nebraska State TSB Building, 1410 M St.
PO Box 98933
Lincoln, NE 68509-8933
(531) 530-7011
hanna.quiring@nebraska.gov

DHHS - Division of Disability and Aging
Lifespan Respite Subsidy Program and
Disabled Persons & Family Support Program
PO Box 98933
Lincoln, NE 68509-8933
(402) 471-9188
dhhs.respite@nebraska.gov



Western Service Area (Local Respite Network)
Panhandle Partnership for Health and Human Services
Chadron, NE
(308) 432-8190 specialprojects@wchr.net

Southwest Service Area (Local Respite Network)
Southwest NE Public Health Department
McCook, NE
(308) 345-4990 respite@swhealth.ne.gov

Eastern Service Area (Local Respite Network)
The Munroe-Meyer Institute UNMC
Omaha, NE
(402) 559-5732 eastrespite@unmc.edu

Southeast Service Area (Local Respite Network)
(531) 530-7011 dhhs.respite@nebraska.gov

Northern Service Area (Local Respite Network)
Munroe-Meyer Institute UNMC
Omaha, NE
(402) 577-0533 northrespite@unmc.edu

Central Service Area (Local Respite Network)
Independence Rising
Kearney, NE
(402) 309-4344 respite@irnebraska.org

Employer Engagement
Kim Falk, Lead Respite Coordinator
UNMC-MMI
(402) 559-4951 kim.falk@unmc.edu

UNL-CCFL (Center on Children, Families & the Law)
Charlie Lewis, Project Director
(402) 472-9815 clewis@unl.edu
Jessie Cook, Web Project Specialist
402-472-9827 jessica.cook@unl.edu

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