

Lakes and Pines Community Action Council, Inc

Senior Services Adult Respite Program Application

Update / New

Name (adult #1): _____ (adult #2) _____

Street Address : _____ City / Zip: _____

County: _____ Phone: () _____ Date(s) of Birth: (#1) _____ (#2) _____

Household Monthly Income: _____ E-mail address: _____

Is anyone in your household a veteran? Y / N; If yes, who? _____

Rate your awareness of other available services to help you remain in your home:

Unaware / Average / Good / Excellent

Rate your knowledge of how to access these services:

Unaware / Average / Good / Excellent

Which Respite site are you interested in? Please circle all that apply

Chisago City	North Branch	Pine City
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What additional service are you interested in? _____

Additional notes: _____

Rapid Screen Score : #1 _____ #2 _____ #3 _____

Internal referral? E/H SNAP HEAD START CS Dept: ____/____/____

Home visit date: ____/____/____ Time: _____; Volunteer hrs: _____;

Follow-up date: ____/____/____

ADULT RESPITE COST INFORMATION

LAKES & PINES COST SHARING/CONTRIBUTION POLICY

- In accordance with the Older Americans Act and the Central MN Council on Aging (CMCOA), which funds a portion of Lakes & Pines adult respite programs, we offer caregivers the opportunity to voluntarily contribute towards the cost of the caregiver support services they receive.
- The following sliding fee scale (cost sharing schedule) is based upon program costs and the current Federal Poverty Guideline (FPG). Determination of eligibility to cost-share is based solely on self-reporting of gross household income. Contributions of any amount, not necessarily according to the cost-sharing schedule are greatly appreciated.
- All individual contributions are kept confidential and funds collected through contributions are used to help sustain and expand the respite programs.
- Voluntary contributions are accepted from individuals whose income is at or below the FPG or from individuals receiving Elderly Waiver.
- Contributions may be deposited into the appropriate box at the respite site – please use a designated envelope, or mail to Lakes & Pines, 1700 Maple Ave E, Mora, MN 55051.
- No one is billed for services, and unpaid balances are not recorded or maintained. Caregivers will receive a quarterly statement tallying the amount contributed during the reporting period.
- No one is denied services, regardless of his, her or their inability or unwillingness to contribute financially to the program. Lakes & Pines protects this information, adhering to established MN Data Practices procedures.
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Even though volunteers donate their time generously, we have fixed costs to continue our program such as activity expenses, personnel, office rent & supplies, utilities, and insurance. This chart will help you determine a suggested amount to contribute for services you receive if you are able and willing to do so. Thank you!

PROPOSED ADULT RESPITE COST SHARING SCHEDULE			
% of Cost of Service	Monthly Income (1 person)	Monthly Income (2 people)	Respite Sliding Fee Based upon \$100 per 4 hour session
0	Under \$1,041	Under \$1,409	Voluntary contribution
10%	\$1,042- \$1,561	\$1,410 - \$2,114	\$10.00 per session
25%	\$1,562 - \$2,082	\$2,115 - \$2,818	\$25.00 per session
50%	\$2,083 +	\$2,819 +	\$50.00 per session

Please Note: The above sliding scale is a suggestion based upon program costs. Voluntary contributions of any amount are appreciated.

Please contact us with any questions or concerns about our respite services, or other services. We can help you connect with the appropriate Lakes & Pines department, or another community service provider if applicable. Kelly G, Respite Facilitator (320) 364-9120 or email kellyg@lakesandpines.org. Dawn Besemann, Outreach Program Manager, (320) 679-1800 or (800) 832-6082 ext. 115 or email dawnb@lakesandpines.org

The services, facilities, and benefits of this program are for the use of all older people meeting program eligibility regardless of race, color, sex, sexual orientation, religion, disability, or national origin. Any individual who feels he, she or they has been denied the opportunity to participate in this program and wishes to file a complaint of discrimination should write to Executive Secretary, MN Board on Aging, 540 Cedar Street, St. Paul, MN 55101. These services are funded, in part, under contract with the Central MN Council on Aging as part of the Older Americans Act Program.