## LIFESPAN RESPITE CARE GRANT RESPITE CARE FUNDS FLOWCHART

## NEED FOR RESPITE CARE IS DETERMINED BY THE AGENCY **AGENCY AGENCY SENDS TO AGENCY AGENCY AGING AGING AGENCY GIVES TO** PROVIDER | **AGING SERVICES SERVICES** IF DENIED: **IF APPROVED: PROVIDER SERVICES** Notify Complete provider Provider Completed Notify Reviews provider Need for respite Determines caregiver/care agreement application service log caregiver/care care determined recipient of service log eligibility recipient of denial SFN 559 SFN 548 SFN 546 approval Submits to Provide copy of Provide copy of Submit provider Completed Department of Provide copy of authorization authorization service log Complete IRS substitute W-9 provider **Human Services** application authorization SFN 565 to SFN 565 to SFN 546 to Aging agreement (DHS) Fiscal SFN 53656 caregiver/care Services for **SFN 548** SFN 565 to agency caregiver/care Division for SFN 559 recipient recipient payment payment Assist Return copy of Provide copy of Complete Copy of a provider Completed IRS caregiver/care Payment sent approved provider authorization Assist with finding worksheet/iournal substitute W-9 service log recipient in directly to the agreement and retain for 75 a provider SFN 565 to seeking other provider SFN 546 SFN 53656 months SFN 559 to agency provider respite care Return approved Provide copy of provider respite care Copy of the agreement service standards sample to caregiver/care worksheet/journal SFN 559 to recipient provider



