Nebraska Family Caregiver Support
LIFESPAN RESPITE NETWORK

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

Office Use only
Date Received: _____/____/_____
Background Checks Completed: _____/____/_____
Date Entered: _____/____/_____
- *Approved* ___/____/_____*to* __/____/_____
- *Denied*

Please return to:

AGENCY RESPITE PROVIDER APPLICATION

☐ Initial Application ☐ Annual Update

Agency Name (DBA, if applicable): _____ Contact Name, Title: _____

Mailing Address: _____ City, State, Zip + 4: _____

Location(s) of Facility or Service_____City, State, Zip + 4: _____

Business Telephone ____-____-_____ (Cell) ____-____-_____ (Fax) ____-____-_____

Email: _____ Can we contact you via email? ☐ Yes ☐ No

Website: _____ Counties Served: _____

Rates: $_____ hourly $_____ daily $_____ overnight $ _____ weekend ___ volunteer

Number of years' experience caring for others: ☐ 0-1 ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7-10 ☐ 10+ years

Agency Description: _____
_____
_____

Type of Agency* (please check all that apply):

*** If applicable, provide facility license number. Also include current dates for any DHHS Provider Agreement(s) and indicate DHHS Division responsible (MLTC, CFS, DD, and/or BH). NIS Address Book # _____**

☐ Adult Day Service or Adult Day Health Care_____
☐ Adult Protective Services Provider_____
☐ Assisted Living Facility _____
☐ Child Care Center/Facility _____
☐ Community Non-Profit Agency/Advocacy Organization _____
☐ Developmental Disabilities Community Supports Provider _____
☐ Home Health Agency _____
☐ Hospice/Palliative Care Provider _____
☐ Nursing or Rehabilitation Facility _____
☐ Respite Care Facility _____

Please check where you are willing to provide respite:

☐ Care Recipient's Home ☐ Provider's Home/Facility ☐ Community Setting

Are you willing to travel to provide respite or transport care recipient to appointments, etc.? ☐ Yes ☐ No

If yes, maximum distance from your address:

☐ 10 miles ☐ 25 miles ☐ 50 miles ☐ over 50 miles

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
- ☐ Anxiety
- ☐ Depression
- ☐ Fetal Syndrome Alcohol Syndrome
- ☐ Hyperactivity
- ☐ Mental Disorders
- ☐ Non-Verbal
- ☐ Oppositional Defiant Disorder
- ☐ Physically Aggressive
- ☐ Reactive Attachment Disorder
- ☐ Self-Abusive
- ☐ Temper Tantrums
- ☐ Wandering

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
- ☐ Diabetes
- ☐ Cerebral Palsy
- ☐ 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

Please list languages you (or your staff) speak: ☐ English ☐ _____

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_____

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, household member age 19 or older if providing respite in the applicant's home, 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. Acknowledge Lifespan Respite Network application will be denied or approval immediately terminated when individual respite provider, household member age 19 or older if providing respite in the applicant's home, or agency staff is found to have a criminal history that includes conviction of any unlawful act endangering the health or safety of another individual. Such convictions include crimes against a child or vulnerable adult, crimes involving intentional bodily harm, crimes involving the sale, distribution or procurement of a controlled substance, or crimes involving moral turpitude on the part of the individual. These crimes include but are not limited to:
    a. Aggravated or armed robbery;
    b. Assault, first or second degree;
    c. Child abandonment;
    d. Child abuse;
    e. Child molestation or debauching a minor;
    f. Child neglect;
    g. Commercial sexual exploitation of a minor;
    h. Domestic violence;
    i. Exploitation of a minor involving drug offenses or conviction of drug offenses that involved a minor;
    j. Felony controlled substances offenses, other than possession;
    k. Felony violation of custody;
    l. Incest;
    m. Kidnapping;
    n. Murder, first or second degree;
    o. Sexual abuse of a minor;
    p. Sexual assault;
    q. Sexual exploitation of a minor, including child pornography; or
    r. Voluntary manslaughter.
9. Acknowledge Lifespan Respite Network application will be denied or approval immediately terminated when individual respite provider, household member age 19 or older if providing respite in the applicant's home, or agency staff is found to have a has a criminal history that includes conviction in the last 20 years of:
    a. Arson;
    b. Criminal non-support;
    c. Felony possession of controlled substance offenses;
    d. Felony theft; or
    e. Robbery.

    The 20-year disqualification begins the date the conviction became final. Any time the individual is incarcerated, either in jail or a state or federal correctional facility, is not included in the calculation of the 20-year period of disqualification. If the individual has more than one conviction, the 20-year disqualification begins the date the most recent conviction became final.
10. Acknowledge Lifespan Respite Network application will be denied or approval immediately terminated when individual respite provider, household member age 19 or older if providing respite in the applicant's home, or agency staff is found to have a criminal history that includes conviction in the last five years of:
    a. Burglary;
    b. Driving under the influence: two or more convictions;

c. Felony bad check writing;
d. Misdemeanor controlled substances offenses;
e. Misdemeanor contributing to the delinquency of a child; or
f. Misdemeanor theft.

The five-year disqualification begins the date the conviction became final. Any time the individual is incarcerated, either in jail or a state or federal correctional facility, is not included in the calculation of the five-year period of disqualification. If the individual has more than one conviction, the five-year disqualification begins the date the most recent conviction became final.

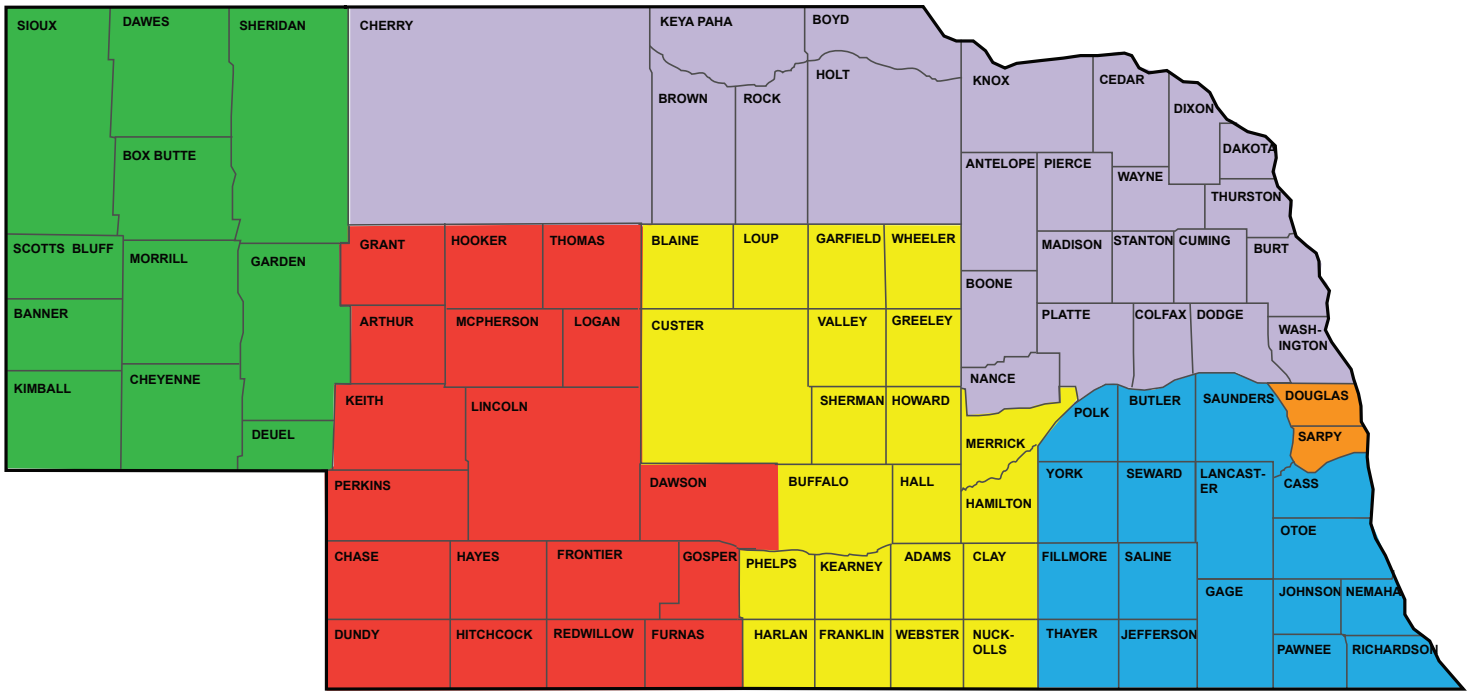
I certify that I have read and understand the standards as stated and referenced above and agree to comply with all Provider Standards.

_____	_____	____/____/_____
Agency Representative, Title	Printed Name	Date (Month, Day, Year)

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**

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.



Western Service Area
Sherri Blome, Respite Coordinator
Panhandle Partnership for Health and Human Services
300 Shelton Street
Chadron, NE 69337
(308) 432-8190 respite@wchr.net

Southwest Service Area
Joy Trail, Respite Coordinator
Southwest NE Public Health Department
404 W 10th Street
McCook, NE 69001
(308) 345-4990 respite@swhealth.ne.gov

Eastern Service Area
Ellen Bennett, Respite Coordinator
The Munroe-Meyer Institute UNMC
985450 Nebraska Medical Center
Omaha, NE 68198 - 5450
(402) 559-5732 eastrespite@unmc.edu

Southeast Service Area
Jami Thody, Respite Coordinator
Southeast District Health Department
2511 Schneider Ave.
Auburn, NE 68305
(402) 274-3993 jami@sedhd.org

Northern Service Area
Rachel Kneifl, Respite Coordinator
Elkhorn Logan Valley Public Health Department
P.O. Box 779, 2104 21st Circle
Wisner, NE 68791
(402) 529-2233 respite@elvphd.org

Central Service Area
Lyndsey Durman, Respite Coordinator
Independence Rising
124 W. 25th St. Suite B, St. James Square
Kearney, NE 68847
(3402) 309-4344 respite@irnebraska.org