

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can we contact you via text? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Please list your experience relevant to providing respite care, personal and/or professional caregiving (include any training and attach documentation of current license, certifications and/or DHHS provider agreements):

If you have ever been Lifespan Respite Subsidy Provider, please list CONNECT Provider ID: _____

Please provide contact information for your past (2) employers (Include supervisor name, phone number, and name of company – if applicable):

Please list (2) personal or business references, no relatives:

Check boxes for times available:	MON	TUES	WED	THURS	FRI	SAT	SUN
DAYTIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERNIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTENDED PERIODS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMERGENCIES/CRISIS RESPITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

- English Other (please list) _____

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

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

If you are providing respite in your home, 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 outside of your home, only the applicant needs to complete and sign. Attach additional sheets if needed.

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.

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)

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

A completed DHHS "Agency Request for Information from the Nebraska Adult and Child Abuse and Neglect Register/Registry" Form CSE-72 MUST BE ATTACHED.

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.

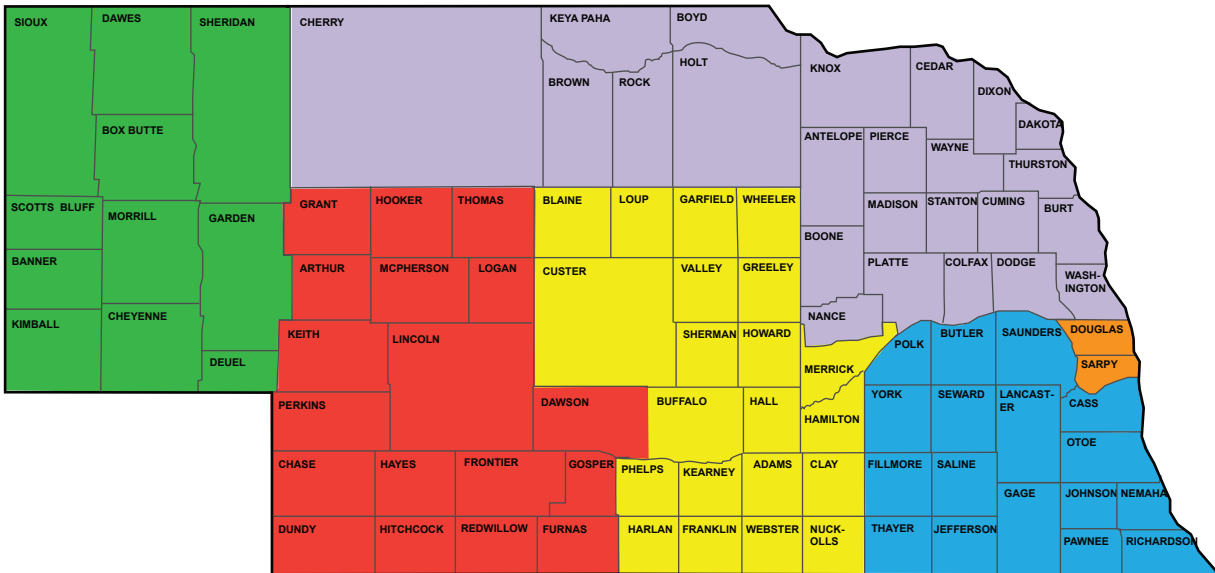
Nebraska Department of Health and Human Services Nebraska Lifespan Respite Network

dhhs.ne.gov/respite

respite.ne.gov

Hanna Quiring, Program Coordinator
DHHS - Division of Children & Family Services
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

Jan Drewel, Social Services Worker
DHHS - Division of Children & Family Services
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)
Sherri Blome, Respite Coordinator
Panhandle Partnership for Health and Human Services
Chadron, NE
(308) 432-8190 specialprojects@wchr.net

Northern Service Area (Local Respite Network)
Megan Kleensang, Respite Coordinator
Munroe-Meyer Institute for Genetics and Rehabilitation
Omaha, NE
(402) 552-2238 northrespite@unmc.edu

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

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

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

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

Southeast Service Area (Local Respite Network)
Jennifer Elting, Respite Coordinator
Southeast District Health Department
Auburn, NE
(402) 274-3993 respite@sedhd.org

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