

Nebraska Department of Health and Human Services Request for Flexibility in Funds of the Lifespan Respite Subsidy

What are the current needs or future needs that are the basis for your request?
□ Special Need:
☐ Caregiver needs
☐ Medical care for caregiver/family member
□ Vacation
☐ Other (please specify)
Camp/Event:
Care recipient attending one of the following:
□ Camp
☐ Community Based Organization event
Community Agency event/activity
□ Provider activity/event
□ Other (specify)
□ Banking of Funds for Future Use:
Months to be Banked: (please list)
Months Doubled Francis and to be 1169 and (vilages Ref.)
Months Banked Funds are to be Utilized: (please list)

If funds are not utilized as indicated above, the Respite Coordinator and Social Services Worker will need to be notified. This notification should be provided in writing utilizing email or through contact over the phone with the Coordinator or SSW. Funds can be reviewed, on a case by case basis, to be banked to be utilized at another time during the eligibility period. This is only reviewed and approved by the Department.

> Funds from future months of the eligibility period cannot be utilized for banking.