



2011-2012 Alabama Caregiver Support Project Request for Respite Voucher

Respite Vouchers will be mailed on a first come, first served basis to caregivers who print clearly and FULLY COMPLETE THIS form.

Mail form to: Jennifer Formby, Alabama Respite, 1856 Keats Drive, Huntsville, AL 35810

Your name (Parent or Guardian) _____

Street or Post Office Box Address: _____

City: _____, AL Zip: _____ County: _____

Home Phone: (____) _____ Work Phone: _____ Cell: _____

E Mail Address: _____

Tell us about the person you care for:

Their Name _____ Date of Birth _____

Age _____ MALE FEMALE (circle one)

Your relationship to Person you care for: _____

Where have you received respite, personal care, drop in, or day services in the past year?

1. Medicaid Waiver Number of service hours per month: _____
2. UCP HEARTS Voucher Program Which UCP - Name: _____
3. Alabama Head Injury Foundation Number of service hours per month: _____
4. AAA (Alabama Cares) Number of service hours per month: _____
5. Day Services Number of service hours per month: _____
6. If you receive respite services other than those mentioned above, let us know:

Name of Service: _____ Number of service hours per month: _____

I understand that by mailing this completed form to Alabama Respite, I am requesting a respite voucher to be mailed to me at the address I have provided on this form. I also understand that a voucher will be sent to me specifying an amount approved for respite and the specific time period the voucher may be used.

Signature: _____ Date: _____