IOWA Lifespan Respite COALITION

# EMERGENCY CARE APPLICATION

PLEASE PRINT CLEARLY

**Parent/Guardian/Caregiver Name** _____

**Address** _____ **City** _____ **ST** ___ **Zip** _____

**Phone** (____) ____-_____ **Email** _____

**Name of individual in need of care** _____

**Need(s) and/or characteristics of individual in need of care (check all that apply)**

- ☐ **Intellectual/Developmental**
- ☐ **Mental Illness**
- ☐ **Memory loss/dementia**
- ☐ **Brain injury**
- ☐ **Physical assistance required**
- ☐ **Physical disability**
- ☐ **None**
- ☐ **Other (please explain)**

**Does the individual in need of care have any critical health or mental health needs that requires a caregiver with special skills?**

- ☐ **Yes (Please explain)** _____
- ☐ **No**

**Please explain the need for emergency care**

- ☐ **Caregiver in medical crisis**
- ☐ **Caregiver in emotional crisis**
- ☐ **Caregiver with emergency responsibilities to other family members**
- ☐ **Other (please explain)** _____

**When do you need care? (Please list date and time)**

_____

**How many hours of respite do you need?**

- ☐ **Up to three**
- ☐ **Four to eight**
- ☐ **Nine to twelve**
- ☐ **Other (Please explain)** _____

**Where do you need respite?**

☐ **In the home** ☐ **Out of the home**

**Do you have a preferred provider that you would like to use for respite?**

☐ **Yes**

**Provider Name** _____

**Provider Contact information** _____

_____

☐ **No**

*The information gathered in the following chart is viewed separately from any identifying information for the purpose of reporting to the funder of emergency care.* ***This application must be complete in order for payment to be remitted.***

| **Demographics** | **Caregiver (Parent/guardian)** | **Individual in Need of Care** |
|---|---|---|
| | **DOB: ___/___/_____** | **DOB: ___/___/_____** |
| **Gender** | ☐ **Male**<br>☐ **Female**<br>☐ **Other** | ☐ **Male**<br>☐ **Female**<br>☐ **Other** |
| **Race and/or Ethnicity (please check all that apply)** | ☐ **African American/Black**<br>☐ **American Indian/Alaska Native**<br>☐ **Asian American**<br>☐ **Latino or Hispanic**<br>☐ **Native Hawaiian or Other Pacific Islander**<br>☐ **White/Caucasian**<br>☐ **Multiracial**<br>☐ **Other** | ☐ **African American/Black**<br>☐ **American Indian/Alaska Native**<br>☐ **Asian American**<br>☐ **Latino or Hispanic**<br>☐ **Native Hawaiian or Other Pacific Islander**<br>☐ **White/Caucasian**<br>☐ **Multiracial**<br>☐ **Other** |
| **Employment Status** | ☐ **Unemployed**<br>**(If so, are you seeking employment?** ☐ **yes** ☐ **no)**<br>☐ **Employed Part time**<br>☐ **Employed Full time**<br>☐ **Self Employed**<br>☐ **Student** | **N/A** |
| **Annual Household Income (before taxes)** | ☐ **≤ $19,999**<br>☐ **$20,000 - $39,999**<br>☐ **$40,000 - $59,999**<br>☐ **$60,000 - $79,999**<br>☐ **≥ $80,000** | **N/A** |
| **County of Residence** | | |
| **Diagnoses (if applicable)** | | |

**By signing below, you give permission for Capture Marketing to release the above information as necessary in order to arrange emergency care.**

**Name of person completing application (please print)**

_____

**Signature _____ Date _____(mm/dd/yyyy)**

**I would like someone from LifeLong Links, Iowa's network of Aging and Disability Resource Centers, to contact me to discuss additional home and community-based supports and services available.**

☐ **Yes** ☐ **No**

☐ **Verbal consent received (for office use)** **Time: _____ am/pm**

**Relationship to individual in need of care:**

- ☐ **Caregiver (parent/guardian)**
- ☐ **Professional**
- ☐ **Other (please explain) _____**

## Application may be submitted in the following ways:

1. **Call Capture Marketing – (515) 471-1951**
2. **Scan/Email to: lifespanrespite@iowa.gov**

**For Office Use Only**

| | |
|---|---|
| **Filled out via phone ☐**<br>**Date Application Received _____**<br>**Date Approved _____ Date Denied _____** | **Number of hours used ____**<br>**In home ____**<br>**Out of home ____** |

| | |
|---|---|
| **Committee Initials**<br>**Date Applicant Notified _____** | **Rate/hour _____**<br>**Total: $_____** |