



HEARTS Voucher Respite Enrollment Form



Date: _____

Child's Name _____ Age _____ D.O.B. _____

Diagnosis: _____ (Proof of diagnosis can be a doctor's note or medical record from another agency and must be included with enrollment form.)

Parent/Guardian Name: _____

of siblings: _____ D.O.B. _____

Email address: _____

Mailing Address: _____

City: _____ AL Zip: _____ County: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please read and initial each line below:

____ I understand that I must call to re-apply for respite funds at the beginning of each quarter. **(Voucher expires at the end of each quarter with no exception.)**

____ I understand that service reports must be mailed to UCP so that they arrive no later than 7 days after the end of the quarter and that I may not be reimbursed if my report is not received on or before the 7th day after the end of the quarter

____ I understand that it is my responsibility to select and train a trustworthy caregiver. **(Caregiver must be at least 18 years old and not reside in the home.)** UCP or CTF will not be held responsible for any actions taken by the selected caregiver.

____ I understand that I must mail this form **(Voucher Respite Enrollment Form)**, **Demographic Data** form, and **proof of disability/diagnosis** to complete application process.

I agree to the above conditions and understand that funds will be used for respite care ONLY.

Signature: _____ Date: _____

I grant UCP permission to release my contact information in order for me to receive further information about respite in our area and for legislative efforts.

Signature: _____ Date: _____

Return to: UCP of Greater Birmingham, 101 Oslo Circle, Birmingham, AL 35211, Attention: Sally Herring for questions please call 205-943-5208