

# Respite Care Reimbursement Program Application

## Parkinson's Information & Referral Service

Client's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Caregiver's Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Client Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

Directions:

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### **Client Personal Data**

Male: \_\_\_\_ Female: \_\_\_\_ Age: \_\_\_\_ Number of Household Members: \_\_\_\_

Primary Physician's Name: \_\_\_\_\_

Physician's Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Primary Language: \_\_\_\_\_

Marital Status (Circle One): Married Single Divorced Widowed Attached

Special Circumstances:

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**Client Consent**

I understand and agree that in order to participate in the Respite Reimbursement Program of the Maine Parkinson Society it will be necessary for MEPS to release information found on this application to the health care agencies that provide these services.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Costs For Services**

I understand that the Maine Parkinson Society will reimburse for 50% of Client paid services to a certified health care agency to provide respite care services. I understand and agree to pay my share of costs for these services as determined by MEPS. Further, and additional hours, over the approved amount and not to exceed \$500 per care recipient per year, will become my sole responsibility.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Liability**

I understand that the Maine Parkinson Society assumes no liability or obligation to provide the above stated services, and takes no responsibility for the respite provider's quality of care.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AGENCY USE ONLY**

Respite Provider: \_\_\_\_\_ Date of Training: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Provider Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (207) \_\_\_\_-\_\_\_\_

Client Cost/Reimbursement: \$ \_\_\_\_\_ Attach Client Paid Receipts: \_\_\_\_\_

Approved: \_\_\_\_\_