Maine Parkinson Society
146 Parkway South Ste 210, Brewer, ME 04412
Tel (800) 832-4116 or Fax (207) 573-1031

Respite Program Application

Maine Parkinson Society (MEPS), recognizing the need for respite care in the Parkinson community, provides support and relief for caregivers and individuals with Parkinson's disease living in the State of Maine. Please complete this Respite Care Application and return this completed form to Maine Parkinson Society, Attention Board of Directors at the address above.

Applicant Information

First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
Telephone:	Cell phone:	
Email Address:		

Person or Agency to Provide Professional Service(s)

Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Cell phone:	
Email Address:		

Applicant Information:

Male / Female (circle one)	Date of Birth: (MM/DD/YYYY)		Age:	
Primary Language:				
Marital Status: (Circle One)	Married	Single	Divorced	Widowed
Number of Household Members:				

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. ____ Initial here

Release of Liability

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

Tell us about the care requested, the expected results, any special circumstances, any urgency of need, etc. please write below or attach a separate sheet.

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Physician's Information:

Neurologist: approval of care plan stated above		
Address:		
City:	State:	Zip Code:
Tel number:	Cell number:	
Email Address:		
Date of Diagnosis:		

Neurologist Approval of Care Plan Stated Above

Signature:	
Printed Name:	Date Signed:

Reimbursement / Payment for Services:

The program will pay either:

A. An invoice sent from the approved provider, or
B. Reimbursement to the applicant upon proof of payment to an approved provider.

- Respite care payment is contingent on funding availability.
- Respite care payments are available up to a fixed amount as voted by the Maine Parkinson Board annually. These provisions are subject to change without notice.

Information about the respite care provider to be used by Applicant:

Contact Person:					
Address:					
City:		State:		Zip Code:	
Telephone:		Cell phone:			
Email Address:					

Signature:	
Date Signed:	

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MEPS USE ONLY: **rev 03.21.2019**

Case Number: _____ Date Received: _____Date Approved: _____Date Client contacted: _____