

**EXCEPTIONAL FAMILY MEMBER PROGRAM (EFMP)
RESPITE CARE PROGRAM
Marine Corps Air Station, Yuma, Arizona**

What is Respite Care?

Respite care program is intended to reduce stress on sponsor families by providing temporary rest periods for family members who care for those who have special needs. Respite care CANNOT be utilized for preschool, seeking or working a job, medical appointments, transportation, house cleaning, therapeutic camps, or attending college.

Respite care is available for the family that currently is enrolled in Exceptional Family Member Program (EFMP). An EFMP family may receive up to *40 hours per month of care and not exceed 6 hrs. per day.* This care is for children 12 yrs. or younger. *An EFM spouse with no children in the home is NOT eligible for respite care.*

Who provides care?

You choose a provider of your choice with whom you feel comfortable caring for your EFM. The provider may be another family member or a skilled care provider. You may also utilize the base Child Development Center, Youth Center or Family Child Care programs. Care may be provided in your home, the care providers home, community agency, CDC, Youth Center, or FCC home. Care provider must be at a minimum 18 yrs of age and not be living in your family household.

EFMP families that choose a care provider that resides in base housing, the care provider are required to be registered as a Family Care Provider and Lincoln Housing (MCO P1710.30E, Para. 1005, 2). For requirements and guidelines for Family Care Provider, call Susie Doten, 269-3233 .

The EFMP Office will conduct random checks on all Care Programs, to ensure proper payment and time is accurately being recorded.

Included in this packet is a listing of Yuma Respite Care Agencies that can provide respite care.

What is the payment amount for care?

Payment amounts are determined by the installation EFMP Program Manager based on the level of specialized care required and current Child Development Center Hourly Rates. Typical care, special attention, skilled nursing and skilled care payment amount will vary based on such.

Families will pay their care provider when care is provided. The EFMP office will reimburse care expenses, upon submittal of voucher (Form 4). The EFMP Office will ONLY provide reimbursement of care by Direct Deposit and is required to be the Active Duty or Active Duty and Spouse's account. **CANNOT BE SPOUSE ACCOUNT ONLY.**

Please note: ALL care providers MUST claim respite care income when preparing their annual tax return.

Contact Us:

EFMP Office, Building 598
Marine Corps Air Station, Yuma, AZ 85369-9132
Phone (928) 269-2425 /269-2949 Fax (928) 269-2657

RESPITE CARE PACKET INSTRUCTIONS

Below are the instructions for each form to be completed.

Form 1 – Request Application Form

This form is required to request initial respite care services.

Form 2 – Respite Care Statement of Understanding

Form 3 - Hold Harmless Agreement (*only for family members under 18 years old*)

This agreement again is between you and the care provider that you are authorizing the care provider full-care of your minor children. Both parents, if applicable, will sign and date the form. If the EFM is over 18 years of age, this form is not required. **Hold Harmless Agreements are required for EACH care provider.**

Form 4 – Direct Deposit Form

Payment can only be direct deposit and are required to be Active Duty account or Active Duty and spouse. **Direct Deposit cannot be in spouse's name only.**

Form 5 – EFMP Respite Care Reimbursement Voucher

This form will be completed for each week that care is provided. A full week's worth of care can be used on one invoice form. Care provider is required to complete with date(s) and time(s) services were provided. Completed form requires Active Duty's signature ONLY, unless Spouse has a POA (on record). Caregiver and Active Duty are to print and sign their name. Forms can be dropped off, email (Yuma-EFMP@usmc.mil) or faxed to our offices: Building #598, MCAS Yuma, AZ or fax (928) 269-2657. **ALL INVOICES MUST BE IN BY THE 5TH OF THE FOLLOWING MONTH OF SERVICE.**

Appendix A – Yuma Respite Care Agencies



Application for Participation in the Exceptional Family Member Program (EFMP) Respite Care Reimbursement Program

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

Authority: 10 U.S.C. 5013; 10 U.S.C. 5041; MCO 1754.4B, Exceptional Family Member Program (EFMP) and E.O. 9397 (SSN).

Principal Purpose: To manage the EFMP Respite Care Reimbursement Program. Collected information will be filed pursuant to the Privacy Act System of Records Notice M01754-6 Exceptional Family Member Program Records, which may be downloaded at <http://dpclo.defense.gov/privacy/SORNS/component/usmc/M01754-6.html>.

Retention and Safeguards: Paper and electronic records are restricted to authorized personnel with an official need-to-know. Electronic data is maintained in a password restricted case management system and encrypted while at rest and during transmission.

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, these records may specifically be disclosed outside the DoD as a routine use pursuant to the DoD Blanket Routine Uses that appear at http://privacy.defense.gov/notices/blanket_uses.shtml.

Disclosure: Providing information on this form is voluntary, but failure to provide the information will result ineligibility for respite care reimbursement program benefits.

Sponsor Name:			Rank:	SSN: (last four)	EAS:
			Home Telephone:		Alternate Telephone:
Home Address:			Unit Address:		
Official Government Email:			Alternate Email:		
Exceptional Family Member Name	Date of Birth	USMC EFMP determined Level of Need (Per CMS)	Exceptional Family Member Name	Date of Birth	USMC EFMP determined Level of Need (Per CMS)
Age Typical Sibling Name	Date of Birth		Age typical Sibling Name	Date of Birth	
Provider Name:			Phone:		
Provider Address:					
USMC EFMP retains the right to verify the information on the application and certify that the information provided is accurate. Application must be submitted with a signed Statement of Understanding prior to approval for the participation in the USMC EFMP respite care reimbursement program.					
_____ Signature of Sponsor/Agent authorized to act pursuant to Power of Attorney			_____ Date:		
<i>Non-sponsor signature is authorized only when a copy of a valid Power of Attorney is attached</i>					
EFM Only: \$_____ EFM with AT Sibling: \$_____ Other Combinations (Multiple EFMs and AT Siblings): \$_____					
If there is a combination of multiple EFMs and AT Siblings, please comment below and provide the reimbursement rate					
****For Official Use Only****					

Date Received:	Is EFMP Enrollment current:	YES	NO
Family received copy of signed EFMP Respite Care Program "Statement of Understanding"		YES	NO
EFMP Family Case Worker Signature:	Date:		
EFMP Program Manager Signature:	Date:		



Exceptional Family Member Program (EFMP) Respite Care Statement of Understanding

_____ I understand the Marine Corps EFMP Respite Care Reimbursement Program is intended to reduce the stress on sponsor families by providing temporary rest periods for family members who care for those who have special needs.

_____ I understand that respite care hours are not authorized for medical, long term care (service for more than 6 hours consecutively) or custodial care of adults, to supplement, augment or substitute traditional childcare for work, or to allow family member to attend school, or preschool programs. Respite care does not include provider performing household chores or transportation.

_____ I understand each family member enrolled in the EFMP will be assigned a Level of Need between 1 and 4, determined by the Headquarters, U.S. Marine Corps, based upon the documentation received during the initial or updated EFMP enrollment review. I will be notified by the installation EFMP office of the date of respite care reimbursement program application approval, Level of Need for each eligible member, and the family's reimbursement rate for care. I am responsible for interviewing, hiring, and making payments to the respite care provider. If my family member is eligible for Level of Need 3 or 4, I must hire a provider who is 18 + years of age with appropriate level of skill. I am required to provide current documentation of respite care provider's qualifications for Level of Need 3 and 4 to the installation EFMP office.

_____ I understand that the respite care reimbursement program established reimbursed rate may not cover all costs expended by the family and therefore should be considered as a subsidy for respite care and not an entitlement. I understand that I am eligible to receive a maximum of 40 clocked respite hours per calendar month for my family. Other respite care programs funded by non-DoD agencies shall not be counted against the EFMP respite care hours. Respite care reimbursement does not impact Leave & Earning Statement or Basic Allowance for housing.

_____ I understand that respite care reimbursement funds are not considered taxable income to me, however by hiring respite care providers I may be liable for Federal or State taxes as a Household Employer and should consult with a tax professional or review IRS Publication 926 for more information about tax liability.

_____ I understand I can obtain respite care vouchers from the my local EFMP office. I will maintain the Respite Care Voucher each time care is provided. I will complete one voucher per care provider per month and submit the voucher(s) for reimbursement after care is provided. I understand that the respite voucher must be filled out in its entirety. I understand that I am responsible for submitting and verifying that reimbursement vouchers are submitted and received by the EFMP office within 60 days from last date of use/care. **Vouchers submitted after 60 days will not be reimbursed.**

_____ I understand that a Power of Attorney should only be used if I am deployed, TAD, attending an official school, or serving an unaccompanied overseas tour where HQMC EFMP, or the overseas screening process, determines services are not available.

By signing this Statement of Understanding, I acknowledge my understanding of the terms listed above, and agree to the same. I also understand that USMC EFMP has the right to verify the provision of Respite Care and that actual or suspected fraudulent request will be reported to sponsor's Command for appropriate action.

Sponsor name (print)

Rank

Signature of Sponsor or Agent pursuant to Power of Attorney

Printed Name of Agent

POA Expiration Date

HOLD HARMLESS AGREEMENT

We (I) _____ and _____, the legal parent(s)/custodian(s) of:

_____ DOB _____
_____ DOB _____
_____ DOB _____

Hereby release our (my) child(ren) into the full care of:

Name: _____

Address: _____

Phone Number: _____

for the purpose of providing Exceptional Family Member Program (EFMP) respite care.

We (I) further agree as follows:

1. The decision to place our child(ren) in the full care of the above named respite care provider was a voluntary choice on my/our part and was not in any way the result of any recommendation or advice from anyone within MCCS MCAS, Yuma, or the Department of the Navy and the United States.

2. The terms of employment between me/us and above named respite care provider, to include level of services and hourly wage, remain at all times a personal matter between the respite care provider and I/us. We(I) are/am responsible for all payment obligations associated with the use of the above named respite care provider.

3. By signing this document, we (I) expressly acknowledge that the United States of America, the Department of Defense, the Department of the Navy, the United States Marine Corps, Marine Corps Air Station, Yuma, or any and all individuals assigned to or employed by the United States, to include but not limited to, the Secretary of the Navy, the Commandant of the Marine Corps, the Commanding General of Marine Corps Installations West, the Commanding Officer of MCAS, Yuma, and the Director, MCCS, Yuma, in both their official and personal capacities, or any medical personnel assigned thereto, or their representatives or successors is not liable for any injury my child(ren) may sustain, to include death, as a result of my/our placement of our child(ren) in the full care of the above named respite care provider. I(we) understand that by signing this document, I(we) effectively and comprehensively assume all risk associated with the placement of our child(ren) in the full care of the above named respite care provider.

4. We (I) have read this document and expressly understand and concur with the terms within this agreement. We (I) further agree that this document shall remain in full effect for as long as respite care is provided.

Signature of Parent(s): _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of EFMP Manager: _____ Date: _____

Direct Deposit Form

Direct Deposit designated to make your life easier. Simply provide the information below, sign the form and return it to MCAS Yuma EFMP Office. When you file your future respite care claims they will be directly deposited to your account. **NOTE: If you change your bank account, you need to submit a new form. Direct Deposit can only be in the Active Duty's name or Active Duty and Spouse. Account CANNOT be spouse only.**

Name: _____
(Last, first, middle initial)

Day Phone Number: _____

Account Type: Checking Savings Bank Name: _____

Bank EFT Routing Number: _____

Bank Account Number: _____

Signature: _____ Date: _____
Active Duty must sign, unless Spouse has a Power of Attorney (POA)

The Routing Number is a nine-digit number identifying your bank. This number is pre-printed at the bottom of your checks and on your deposit tickets. Some banks use different routing numbers for electronic funds transfer. If you are unsure which number is correct, call your institution prior to completing this form.

RESPIRE CARE PROVIDERS
Yuma, AZ

1. **Abrio Family Services & Supports** (928) 314-9961 / 183 E. 24th Street, Yuma, AZ
 - a. Age group: All ages.
 - b. Hourly rate: \$18.00 (private pay / insurance).
 - c. Initiated process: Through Division of Developmental Disabilities (DDD) or private pay.
 - d. Income level: None required through private pay.
 - e. Specialties: None.
 - f. Certification: CPR, first aid, finger printed, and background checks.
 - g. Call for additional information.

2. **Arise Service** (928) 783-8771 / 1030 W. 24th Street. Suite D & E, Yuma, AZ
 - a. Age group: 3 years old and up.
 - b. Hourly rate: \$12- \$13 (private pay / insurance).
 - c. Initiated process: Through Division of Developmental Disabilities (DDD) or private pay.
 - d. Income level: None required through private pay.
 - e. Specialties: None.
 - f. Certification: CPR, first aid, finger printed, and background checks.
 - g. Call for additional information.

3. **Child Development Center (CDC)** (928) 269-2350 / MCAS Yuma
(Drop-in Care Program or full/part-time care)
 - a. Age group: 6 weeks to 5 years old.
 - b. Hourly rate: \$3.00 per child.
 - c. Initiated process: Individual application.
 - d. Income level: Fee is based on family income.
 - e. Specialties: Full day and drop-in childcare (see age group).
 - f. Certification: CPR, first aid, finger printed, background checks, child abuse, fire safety, etc.
 - g. Call for additional information.

4. **Family Child Care Program**, (928) 269-3233 / MCAS Yuma *(Home-based Childcare / Enhance Extended Childcare)*
 - a. Age group: 6 weeks to 14 years old.
 - b. Hourly rate: \$3.00 and \$4.00.
 - c. Initiated process: Individual application.
 - d. Income level: Fee is based on family income.
 - e. Specialties: Home-based childcare / respice care.
 - f. Certification: CPR, first aid, finger printed, background checks, child abuse, fire safety, etc.
 - g. Call for additional information.

RESPITE CARE PROVIDERS

5. **Missing Piece Care Management** (928) 376-0778 / 250 W. 24th St, Yuma, AZ
 - a. Age group: All ages.
 - b. Hourly rate: \$17.50 (private pay / insurance).
 - c. Initiated process: Individual application.
 - d. Income level: None required through private pay.
 - e. Specialties: None.
 - f. Certification: CPR, first aid, finger printed, and background checks. CNS's and Certified care givers.
 - g. Call for additional information.

6. **Nursing Solutions Home Health Agency** (602) 331-1100 or (800) 331-1158/7228 / N. Dreamy Draw Drive, Phoenix, AZ 85020
 - a. Age group: All ages.
 - b. Hourly rate: \$65 (private pay / insurance).
 - c. Initiated Process: Home & Community based services provided through State, County. Through Division of Developmental Disabilities (DDD) or private pay.
 - d. Income level: None required through private pay.
 - e. Specialties: RN/LPN for shifts and visits; Skilled Respite; Complex Respiratory/Ventilator Care; Skilled Respite and RN Case Management; Community/Resource Evaluation and Referral.
 - f. Licensed professionals credentialed and have participated in extensive criminal and motor vehicle background screening.
 - h. Call for additional information.

7. **Prileo Home Care** (928) 317- 9220 / 1025 West 24th Street, Yuma, AZ
 - a. Age group: All ages.
 - b. Hourly rate: \$18.50 (private pay / insurance).
 - c. Initiated process: Through Division of Developmental Disabilities (DDD), or private pay.
 - d. Income level: None required through private pay.
 - e. Specialties: None. Cannot provide Behavior Management.
 - f. Certification: CPR, first aid, finger printed, and background checks.
 - g. Call for additional information.

8. **Rise** (928) 783-8771 / 1030 W 24th Street, Ste D & E, Yuma, AZ
 - a. Age group: Early intervention 0-3; 3 years old and up.
 - b. Hourly rate: \$18 for private pay; \$18.25 for homemaker (cooking and cleaning); \$17.50 attendant (setting goals); or through insurance.
 - c. Initiated process: Through Division of Developmental Disabilities (DDD), Alec or private pay.
 - d. Income level: None required through private pay.
 - e. Specialties:
 - f. Certification: State certified, CPR, first aid, finger printed, and background checks. Trained in CIT (Client Intervention techniques).
 - g. Call for additional information.

9. **Saguaro Foundation** (928) 783-6069 / 1495 S. 4th Ave, Yuma, AZ
 - a. Age group: All ages.
 - b. Hourly rate: \$15.00 (private pay / insurance).
 - c. Initiated process: Through Division of Developmental Disabilities (DDD) or private pay.
 - d. Income level: None required through private pay.
 - e. Specialties: Infants, but provides for all.
 - f. Certification: CPR, first aid, finger printed, and background checks.
 - g. Call for additional information.

RESPIRE CARE PROVIDERS

10. **UPC of Southern Arizona** (928) 317-8800 / 281 W. 24th St., Suite. 147, Yuma, AZ
 - a. Age group: All ages.
 - b. Hourly rate: \$14.19 (private pay / insurance).
 - c. Initiated process: Through Division of Developmental Disabilities (DDD) or private pay.
 - d. Income level: None required through private pay.
 - e. Specialties: None.
 - f. Certification: CPR, first aid, finger printed, and background checks.
 - g. Call for additional information.

Note: Any amount exceeding maximum amount for EFMP respite care, is the responsibility of the EFM family.

The above agencies and contact information are provided as a courtesy from the EFMP Program, MCAS Yuma. The appearance of these agencies, products, or services does no constitute endorsement by the DoD, MCAS Yuma, and the EFMP Program.