Kinship Caregiver Respite Voucher Program

PROVIDER CONTRACT

Kinship Caregiver: ____________________________________________________________

Respite Provider: ____________________________________________________________

The respite provider agrees to provide services assisting

(Name of child) ____________________________________________ and in doing so provide the kinship caregiver with a short break. Services may include helping the child or children participate in activities in and outside of the home, such as recreation and leisure activities, the development of new skills, and managing personal care needs. It is expected that the respite provider will assist the child/children in a positive manner that keeps them safe. There may be other duties/activities that are required from time to time. At no time will the respite provider leave the child or children alone.

Contract Period: Respite support will be provided for dates and times agreed upon, and within the 90-day voucher period. Termination of employment by the respite provider requires written notice within a minimum of ________________. Should the family decide to terminate employment, they will give the provider __3__ days’ notice.

Rate of Pay: Both the kinship caregiver and the respite provider have agreed upon the rate of pay. The rate will be noted on the Check Request-Timesheet form.

Hours of service: Both the kinship caregiver and the respite provider have agreed upon the days and hours of care, and this information will be documented on the Check Request-Timesheet form. This form will be submitted to NYSCRC along with any invoices for payment. If the days and hours of service are changed by either party, it is agreed that both parties will give ample consideration and notice to ensure that both can make necessary accommodations.

Duties and Responsibilities: Please list below the detailed duties and responsibilities agreed upon by the kinship caregiver and the respite provider.

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Repayment of Funds: If it is determined that NYSCRC's Kinship Voucher funds are received or used fraudulently, the kinship caregiver and the respite provider will be held accountable, including but not limited to repaying voucher funds and/or suspension from the program.
PROVIDER CONTRACT

The parties have agreed to the terms and conditions on the: _____ day of the month of _____________ in the year ________.

Kinship Caregiver (print name): ______________________________________________________

Kinship Caregiver (signature): ______________________________________________________

Respite Provider (print name): ______________________________________________________

Respite Provider (signature): ______________________________________________________

Phone Number: __________________________________________________________________

Email Address: __________________________________________________________________

To be signed by Lifespan/NYSCRC

<table>
<thead>
<tr>
<th>Ann Marie Cook, President/CEO</th>
<th>Date</th>
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<tbody>
<tr>
<td>Rebecca Hyde, NYSCRC Program Coordinator</td>
<td>Date</td>
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