

**ALIGNSTAFFING
RESPITE CARE NETWORK (RCN)**

Respite Care Provider Information Form

Section A: Identifying Information

Please Circle One:* Registered Nurse (RN) Home Health Aide (HHA)
Licensed Practical Nurse (LPN) Certified Nursing Aide (CNA)
Licensed Vocational Nurse (LVN) Direct Care Provider (DCP)

Name: (Please Print): _____

Social Security Number: _____

or Employment Identification Number: _____

(obtain from the IRS at: <http://www.irs.gov/businesses/small/article/0,,id=102767,00.html>)

Address: _____

City: _____

State: _____

Zip code: _____

Phone: _____ Fax: _____

Cell: _____ Email: _____

Installation: _____

****Registered Nurse (RN) Education: Requires Associates Degree – Masters Degree.***

- Certification: Current State license to practice nursing.

Licensed Practical or Licensed Vocational Nurse (LPN/LVN) Education: Requires High School Diploma.

- Certification: Current state licensure as a Licensed Practical Nurse or Licensed Vocational Nurse.

Certified Nursing Assistant (CNA) Education: Requires High school diploma.

- Certification: Current certification from an accredited nursing assistant program.

Home Health Aide (HHA) Education: Requires High School Diploma.

- Certification: Current certification from an accredited program.

Direct Care Provider (DCP): Requires 9 hours of Exceptional Family Member Program (EFMP) training per AR 608 – 75, Army (EFMP), 2 – 5, Figure 2 – 3. Respite Care Course Outline.

Section B: Certification Statement:

I certify that the information on this form and enclosures is accurate and complete.

Respite Care Provider Signature

Date

Exceptional Family Member Program (EFMP)
Manager/Designee Signature

Date

Email: _____

Phone: _____

Attachment A: Respite Care Waivers

Families selecting an “adult Family member” (an individual 18 and over and includes brothers, sisters, grandparents, uncles, aunts and in-laws) to provide respite care must sign a Family Agreement Waiver.

Current respite care providers who are not “adult Family members” serving EFMP Families will have a 30 working day waiver and then all requirements must be met to qualify for payment. Individuals holding a State license or State credential are not considered waived; proof of State license or State credential is required immediately.

Attachment B: Respite Care Provider Requirements

1. Tuberculosis testing (annual documentation required)
2. Cardio-pulmonary resuscitation (CPR)/basic life support (BLS) (copy of renewal document required)
3. State License or Certificate for Registered Nurse (RN), Licensed Practical or Vocational Nurse (LPN/LVN), Certified Nursing Assistant (CNA), and Home Health Aide (HHA), (copy of renewal document required)
4. Physical examination
5. Family Advocacy Program central registry check
6. Criminal background check

Respite care providers will provide legible documents to RCN. The RCN only requires copies of documents noted in paragraphs 1-3 above (with dates they occurred). They need proof that requirements in paragraphs 4 – 6 have been completed.

Fax All Documents: 1-866-565-9307 or 1-866-550-8278 or 1-866-789-6918