



Coast Guard Mutual Assistance

Coast Guard Mutual Assistance Respite Care Program

Purpose:

The objective of the CGMA Respite Care Program is to provide a “break” for a few hours a week, or month, to eligible Coast Guard clients who have responsibility 24 hours per day to care for an ill or disabled family member who lives in the same household.

Respite care is not meant to be considered as an on-going benefit, but as a short-term help to allow the family to work towards building their own resources for self-financed respite care and to apply for assistance offered through their health insurance, governmental, or community agencies. The program is specifically designed to help **facilitate Coast Guard readiness** and not all categories of Coast Guard Mutual Assistance clients are eligible.

CGMA assistance for respite care is based on need—the need for respite time, as well as financial need- and is given as a grant.

Eligibility:

- Coast Guard families in which a family member has been diagnosed with a profound disability, or a serious or terminal illness that requires on-going care and attention and is enrolled in the Coast Guard Special Needs Program in accordance with COMDTINST 1754.7 series.
- The person with special needs may be a spouse, a dependent child, or dependent parent (must be registered in DEERS).
- Eligibility of the applicant must be verified and endorsed by the local command, ISC Family Resource Specialist (FRS) and/or Family Advocacy Specialist (FAS) and forwarded to the Headquarters Special Needs and/or Family Advocacy Program Manager (CG-1112).
- Having a family member enrolled in the Special Needs Program does not automatically make the Coast Guard client eligible for a CGMA Respite Care Grant. The family member with special needs must be determined to be at high risk due to multiple stresses in the family.

Process:

- After verification of the CGMA Respite Care Grant eligibility criteria by a Family Resource Specialist or Family Advocacy Specialist, at the servicing ISC's Work-Life office, a signed request is forwarded to the Headquarters Special Needs and/or Family Advocacy Program Manager (CG-1112), utilizing the *Respite Care Certificate* (CGMA Form 60a). The certificate contains a recommendation for the number of hours required to meet the individual family's need (must not exceed 40 hours per month for a period of three months) and a brief description of the family's situation.
- The Headquarters Special Needs and/or Family Advocacy Program Manager (CG-1112) complete and sign the CGMA Form 60a, indicating approval of the number of hours, frequency and duration of the Respite Care. A completed copy of the approved Certificate will be forwarded to the servicing ISC's Work-Life office and CGMA Headquarters, via mail or secure fax. A copy of the approved *Respite Care Certificate* (CGMA Form 60a) and *Caregiver Verification Form* (CGMA Form 60b) will be provided to the client by the servicing ISC's Work-Life office.
- If additional respite care assistance is needed after the initial three-month period, **one additional** three month period may be approved by Headquarters Special Needs and/or Family Advocacy Program Manager and a new Respite Care Certificate **must** be issued. A financial need must be demonstrated and documented by completion of a *CGMA Budget Form* (CGMA Form 15) and submitted as part of the request (CGMA Form 60a) for the additional three months care. Approval for the additional period must be obtained in advance.
- The family finds a provider and agrees on the hourly rate not to exceed \$10/hour. Depending on location, the average cost is approximately \$7/hour. Care may be provided in the family's home, or in the out-of-home settings. The CGMA Respite Care Grant may not be used to pay for care provided by a relative or an individual who is also receiving a CGMA Respite Care Grant.
- The Headquarters Special Needs and/or Family Advocacy Program Manager (CG-1112) shall ensure that the approved client understands that CGMA will provide funds for care not to exceed the number of hours and dollar amount approved.
- Payments will be made after the care has been provided. Checks will be made payable to the caregiver. The *Caregiver Verification Form* (CGMA Form 60b) must be signed by **both** the care provider and the Coast Guard member before a check can be issued. The completed form must be faxed or mailed to CGMA HQ for payment. The CGMA HQ address and fax number are indicated on the form. The client should arrange with the care provider to be paid bi-weekly or monthly. CGMA HQ will track payments made, hours used and remaining balances of approved amounts.

- The client should also be provided a copy of *Respite Care Helpful Information for Caregiver* (copy attached) to be used at the client's option. It is a useful resource for a parent or guardian and the caregiver. It is suggested that the completed document be placed in a plastic sheet protector and given to the caregiver. It is also suggested a duplicate be placed in an easily accessible location, such as on the refrigerator or near a telephone.

General Guidelines:

- Maximum number of respite care hours may not exceed 40 hrs per month (average usage 8 hrs per week). Anything in excess must be approved by CGMA HQ and Special Needs/Family Advocacy Program Manager (CG-1112) in advance.
- Maximum hourly rate for respite care may not exceed \$10/hour, or must be justified and approved in advance by CGMA HQ.

Attachments:

CGMA Respite Care Certificate (CGMA Form 60a)
Caregiver Verification Form (CGMA Form 60b)
Respite Care Helpful Information for Caregiver

**COAST GUARD MUTUAL ASSISTANCE
RESPITE CARE CERTIFICATE**

DATE: _____

Name of Client: _____ Rank/Grade: _____

SSN: _____ Unit Address: _____

Unit Phone: _____ Home Phone: _____

Name of Coast Guard Special Needs family member: _____

Description of condition of person requiring care:

Servicing ISC's Work-Life Office Recommendation for Respite Care:

Hours: _____ / _____
week month

Duration: _____ / _____
week month

Recommended By: _____

Title: _____ Date: _____

Headquarters Special Needs or Family Advocacy Program Manager Approval:

Hours: _____ / _____
week month

Duration: _____ / _____
week month

Approved By: _____

Title: _____ Date: _____

**CGMA RESPITE CARE PROGRAM
CAREGIVER VERIFICATION FORM**

DATE: _____

Name of Client receiving services: _____

Name of individual receiving care: _____

Name of Caregiver: _____

Date: _____ # of Hours _____ @ _____ per hour

Date: _____ # of Hours _____ @ _____ per hour

Date: _____ # of Hours _____ @ _____ per hour

Date: _____ # of Hours _____ @ _____ per hour

TOTAL HOURS: _____

TOTAL PAYMENT DUE: \$ _____

I certify that I provided respite care in accordance with the date(s) and information listed above.

CAREGIVER'S SIGNATURE

I certify that respite care was provided as stated above.

SERVICES MEMBERS'S SIGNATURE

****NOTE** Check will be made payable to Caregiver.**

**Mail or fax to: Coast Guard Mutual Assistance, 4200 Wilson Blvd., Suite 610,
Arlington, VA 22203 or fax 202-493-6686**

**RESPIRE CARE
HELPFUL INFORMATION FOR CAREGIVER**

Date: _____

1. Name and age of person receiving Respite Care _____

2. Specific illness/injury: _____

Hearing impairment? _____ Visual impairment? _____

3. Current condition? _____ severe _____ moderate/medium _____ mild _____

4. On medication? _____ Yes _____ No

Type: _____

Dosage and Time to give _____

5. Location of medicine: _____

6. Is the person allowed out of doors? _____ Yes _____ No

Specific limitations out of doors: _____

Specific limitations indoors: _____

7. Any type of food or other allergies? _____

8. Any food he/she will not eat? _____

9. Is extra clothing required and what? _____

10. Susceptible to seizures? _____

11. What are the favorite activities of the ill/injured person? _____

12. For emergencies or questions during Respite Care time:

Name and contact information of parent/guardian _____

Alternate point of contact and relationship to ill/injured person: _____
