CARING FOR CHILDREN
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RESPITE SCHOLARSHIP PROGRAM INFORMATION (2025 – 2026)

The Respite Scholarship Program provides a break for caregivers/parents who provide ongoing care for an individual of any age. Respite is intended to provide relief to the caregiver/parent.

Need Respite Care? The Respite Program is here to help:

1. **Apply for a Respite Care Scholarship**
   Through the generous support of The Department of Health and Human Services and The Buncombe County Strategic Partnership Grant, Respite Care Scholarships will be available in July 2024 - June 2025 fiscal year for Buncombe County. Scholarships will allow parents to hire a respite provider directly. In this way, parents address their need for respite care on a prearranged basis, as a part of the normal, wrap-around services for children and families. Scholarship Applications must be completed and returned to Amy Hobson, Executive Director.

2. **Complete a W-9 form**
   The W-9 is a federal requirement of any entity that makes payments to another entity. Please don't forget to complete this form; as we will not be able to provide funding to families without a completed W-9 form.

3. **Fill out the automatic bank deposit info**
   Complete the direct deposit form and attach a blank voided check, and you will receive scholarship payments directly to your bank account.

4. **Choose your Respite Provider**
   Parents are responsible for choosing and hiring their own respite provider(s). Respite providers work directly for parents to provide safe, structured, and developmentally appropriate experiences for your children. In addition, parents provide orientation, supervision, and any necessary on-the-job training specific to the individualized needs of their child

5. **Return the Monthly Timesheet**
   Fill out the monthly timesheet and return anytime before 9a on the last Monday of each month, in order to receive the next payment.

Need more information?

Contact Amy Hobson, Executive Director
(828) 777-5715 (cell)
(828) 575-2049 (fax)
E-mail: amy.hobson@caring4children.org
E-mail: ahobson@eckerd.org

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RESPITE SCHOLARSHIP APPLICATION (July 2025 – June 20256

1. Child's Name:_____ Date of Birth:_____ Age:_____
2. Child's Name:_____ Date of Birth:_____ Age:_____
3. Child's Name:_____ Date of Birth:_____ Age:_____
4. Child's Name:_____ Date of Birth:_____ Age:_____
5. Child's Name:_____ Date of Birth:_____ Age:_____

Parent / Guardian Name(s):_____ Date of Birth:_____

Mailing Address:_____

E-mail Address:_____ Phone: _____

Is there an open Child Protective Services case with DSS ☐ **Yes** ☐ **No**
If yes, please explain:_____

Is your child receiving funding for respite, or respite from any other resources? ☐ **Yes** ☐ **No**
If yes, please explain:_____

Tell us why you need respite. Please describe your circumstances that represent the need for respite and how getting a break would be beneficial to you and your family.

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RESPITE AGREEMENTS, CONSENTS, AND RELEASE OF LIABILITY (1 of 2)

Please place a checkmark in the appropriate box to indicate your consent to each area below and then place your signature on the next page:

Use of Respite Scholarship Funds
I agree, if my application for respite funds is approved, to use the funds solely to help me pay for respite care according to the respite guidelines of the grant criteria. The grant criterion stipulates that respite is to be used for the caregiver to receive a break. The state has made it very clear that respite is not to be used for parent appointments, surgery/recovery, going to work, attending school, running errands, grocery shopping, etc. These situations require childcare or a babysitter. In addition, the scholarships are not to be used to pay for a special program for your child to attend or afterschool costs, etc. Also stressed is that no part of the scholarship is to be used to pay for dinner, movies, entertainment, etc., while you are getting a break. The entire amount is to pay your respite provider. I understand and agree to use respite funding to pay for a respite provider according to the guidelines above.
Yes ☐ **No** ☐

Release of Liability
I understand that Eckerd Connects/CARING For Children, is in no way responsible for the direct delivery or supervision of my respite provider and that Eckerd Connects/CARING For Children. is not responsible or liable for any act or omission by my Respite Provider, the parents, or the child(ren) involved.
Yes ☐ **No** ☐

Choosing and Employing a Respite Provider
I understand that I am responsible to choosing, hiring, employing, orienting, scheduling, supervising, paying, and firing my own respite provider I understand that my respite caregiver will be employed or contracted solely by me, and furthermore that it is my responsibility to make sure that my Respite Provider is competent to care for my children.
Yes ☐ **No** ☐

Payment Conditions
I understand that I will be responsible for paying the rate for respite care as agreed upon by my respite provider and me. If my request for Respite Scholarship funds is approved, CARING will issue a check to me for the allowable payment amount, and I understand that I will be responsible for paying the respite provider directly. I understand that if Respite Scholarship funds are insufficient to cover the entire cost of care, that I am nevertheless responsible for paying the entire cost of Respite Care.
Yes ☐ **No** ☐

AGREEMENTS, CONSENTS, AND RELEASE OF LIABILITY (2 of 2)

Quarterly Reporting and Survey Data
I agree to participate in a phone survey once annually and quarterly survey reports that will be mailed or emailed to me quarterly.
Yes ☐ No ☐

Mandated Reporting
By law, CARING for Children staff are mandated to report within any suspicions of abuse and neglect to state authorities. I understand staff are mandated reporters.
Yes ☐ No ☐

Confidentiality Agreement
Clients of Eckerd Connects/CARING for Children have the right to privacy and confidentiality which is a right protected by Federal and State law. These laws are intended to protect a person's identity and personal information. It is important to CARING to ensure your privacy and that of your fellow clients. In an effort to maintain each client's rights, CARING asked for your agreement to respect the confidentiality rights of other clients in the program and their families by keeping the full name or personal information of any client in the program to yourself. My signature indicates my agreement and understanding that confidentiality is important and that I will be held accountable for keeping this agreement.
Yes ☐ No ☐

Benefits and Risks of Respite
Respite care allows caregivers and family members a much-needed break from the stresses of caregiving while their child continues to receive the level of personalized care required. The short-term relief provided by respite care has been shown to combat the stresses that lead to caregiver burnout and, by extension, help lower some of the risk factors involved with a caregiver's role. The risk associated with the Respite Scholarship Program is that the family must choose the provider and is responsible for ensuring that the provider is qualified to provide respite services.
Yes ☐ No ☐

Grievance Process
Eckerd Connects/CARING for Children addresses all issues through the combined efforts of the client, families, agencies, and staff. Every effort will be made to resolve identified problems directly with the appropriate program staff. However, when a client, parent, or agency representative is not satisfied with the resolution or has a complaint regarding a specific incident or policy interpretation, that person has the right to file a grievance. The process for the client to follow is outlined on the next page of this document. The parent, guardian, or agency representative may phone or mail a letter to the appropriate Operations Director to state the concern. The individual will investigate the issues and respond in a timely manner.
There will be no retaliation against the person filing a grievance.
Yes ☐ No ☐

My signature below acknowledges that the above consents were explained to me to my satisfaction, and that I provide consent to the above authorizations where I checked "YES."

Name of Parent/Guardian/Family Member:_____

Signature:_____ Date:_____

CARING FOR CHILDREN – GRIEVANCE PROCEDURE

Families/parents/guardians/caregivers,

Anytime you think an action taken by the Director is unjust, or you believe you have been treated unfairly; you have the right to make a complaint. This complaint is called a grievance. To file a grievance, this is what you should do:

Step 1: The Director will attempt to resolve the complaint with you by discussing the situation with you. If you are not satisfied with this, you have the right to notify the Eckerd Connects Vice President of Operations.

Step 2: The Director will let you know that you have the right to file a written grievance with the Vice President of Operations. You may hand write your complaint on plain paper or on a Grievance Form your Program Director will give you. You must sign this complaint.

Within five working days of receipt of this complaint:

Step 3: If you do not agree with the results of the grievance, you have a right to appeal to the Eckerd Connects' Chief of Programs – Operating Director. You must file this appeal within 14 days of receipt of your letter. Once the Chief receives your letter, there is a 5-day period for investigation and notification to you of the results and any action required.

Following are the addresses for the above identified staff:

Vice President of Operations Eckerd Connects 100 N. Starcrest Drive Clearwater, FL 33765	

My signature below acknowledges that the above procedure was explained to me, I understand it, and have received a copy of it in the Program Application.

Signature:_____ Date:_____

CARING FOR CHILDREN

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CARING FOR CHILDREN – CLIENT RIGHTS

My Rights:

1. The right to be treated respectfully, fairly, courteously, consistently, with dignity, and without prejudice regardless of national origin, age, religion, disability status, gender or sexual orientation, or marital status.
2. The right to privacy.
3. The right to receive services offered by the program.
4. The right to report any concerns of abuse or neglect.
5. The right to know that if we suspect that you have been abused or neglected, or if you have abused or neglected someone, we are required to report it.
6. The right to freedom of thought, conscience, and the practice of religious beliefs.
7. The right to express your opinion about your situation, what you want to accomplish, how you are being treated and the services you receive, and to know what services and supports are available to you.
8. The right to receive services in a safe and healthy environment.
9. The right to have a say in the development of your service/treatment plan.
10. The right to know what rules apply to how you behave and the consequences of behavior choices.
11. The right to refuse any service or treatment except in life-threatening situations or when the law or court order those rights. If services are refused, a referral to a community resource will be provided to you.
12. The right to express concerns without fear of someone getting back at you.
13. The right to know how to contact someone in case of emergency.

My Responsibilities:

1. I am responsible to ask questions about and for knowing what is expected of me by the program.
2. I am responsible to ask questions about, know what is expected of me, and follow my part in my service/treatment plan.
3. I am responsible for expressing my needs and goals as it relates to the service(s) being delivered.
4. I am responsible for telling Eckerd Connect Caring for Children staff working with me about myself and my family and any problems that I am facing.
5. I am responsible for letting CARING staff working with me know about changes at home.
6. I am responsible for avoiding illegal activities.
7. I am responsible for reporting to staff grievances that I may have and any mistreatment I may experience.

My signature below acknowledges that I have read the above identified rights and responsibilities, or have had them read to me, and have been given the opportunity to ask questions to ensure understanding to my satisfaction, for which I am acknowledging.

Guardian: _____ _____ _____

(Signature) (Print) (Date)

NOTICE OF PRIVACY PRACTICES

This notice describes how protected health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

I. We have a legal duty to safeguard your protected health information (PHI).
We are legally required to protect the privacy of your health information. We call this information "protected health information", or "PHI" for short. It includes information that identifies you and that has been created or received by us about (1) your past, present, or future health or condition(s); (2) the provision of health care to you; or (3) the payment for this health care.

We are providing you with this notice about our privacy practices that explains how, when, and why we access and disclose your PHI. In all instances, we will use or disclose the minimally necessary PHI as a safeguard.

We are legally required to follow the privacy practices that are described in this notice. In the event any revisions are made, those changes will apply to the PHI already contained in our records. If we make a significant change to our policies, we will promptly change this notice, post a new notice in the main lobby area of the program, and have copies available for distribution.

You can request a copy of this notice from the contact person listed in Section V below at any time and can view a copy of the notice on our web site at https://eckerd.org/privacy-policy/.

Note: If you are reading this notice as your child's personal representative, this notice describes our privacy practices with respect to your child. If the type of service you/your child is enrolled in with our organization works with the multiple members or whole family, this notice is applicable to all individuals considered clients of Eckerd Connects. Please let us know if you have any questions.

II. How we may use and disclose your PHI.
We access and disclose PHI for many different reasons. For some of these uses or disclosures, we need your specific authorization, while for others, we do not. Below, we describe the different categories of our uses and disclosures.

A. We may access and disclose PHI for the following reasons without a written authorization. For all access and disclosures of PHI, Eckerd Connects staff will follow HIPAA Privacy Rule.

1. **For treatment, payment, or health care operations**

   A. **For treatment.** There are instances where we may disclose your PHI to healthcare professionals who provide you with services or are involved in your care.

   B. **To obtain payment for treatment.** We may use and disclose your PHI in order to bill and collect payment for the treatment and service provided to you. For example, if a service we provide is billable to a third-party insurance company or to Medicaid, we may submit the information to them that is necessary for payment.

2. **When a disclosure is required by law.** For example, we are required to make disclosures about victims of abuse, neglect, or domestic violence to the appropriate agency.

3. **For public health activities.** For example, we are required to report information pertaining to certain diseases to local health authorities.

4. **For health oversight activities.** For **example**, we will provide the necessary information to assist a government agency conducting an investigation or inspection of our health care activities.

5. **For judicial and administrative proceedings or for certain law enforcement purposes.** For example, we may provide PHI in response to an order of the court, or we may provide limited PHI in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.

6. **To avert a serious threat to health or safety.** For example, we may disclose PHI if in good faith we believe it is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

7. **For specific government purposes.** For example, we may disclose PHI if we believe it is a matter of national security.

8. **For fundraising activities.** For example, we may mail information about various fundraising activities or events to you. If you do not wish to be contacted as part of our fundraising efforts, please contact the person listed in section V below.

B. Other uses and disclosures of your PHI not listed above, and permitted by the laws that apply to Eckerd Connects, will be made only with your written authorization. If you choose to sign an authorization to disclose your PHI, you may revoke (i.e., take back) it in writing at any time, except to the extent that we have already taken action based on the original authorization.

III. You have the following rights with respect to your PHI:

A. The right to request limits on uses and disclosures of your PHI. In order to exercise this right, you can put your request in writing to the program supervisor or directly to the organization's Privacy Officer (see contact information in Section VI). Please detail your request with any specific instructions on how to limit disclosures of your PHI. Eckerd Connects will review your request and resulting actions will align with applicable law(s).

B. The right to choose how we send PHI to you. You have the right to ask that we send information to you to an alternate address (e.g., your work address rather than your home address) or by alternate means (e.g., email instead of regular mail). We must agree to your request so long as we can easily provide it in the format you requested. In order to exercise this right, you can put your request in writing to the program supervisor or directly to the organization's Privacy Officer (see contact information in Section VI). Please detail your request with any specific instructions on how to send the information to you.

C. The right to see your PHI. You have the right to request to review or get copies of your PHI we have, those requests must be made in writing. If we do not have your PHI, but know who does, we will refer you to the point of contact. We will respond to you within 30 days after receiving your written request. In certain cases, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have the denial reviewed. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that in advance. In order to exercise this right, you can put your request in writing to the program supervisor or directly to the organization's Privacy Officer (see contact information in Section VI). Please detail your request with any specific preferences.

D. The right to receive an electronic copy of electronic records. If we maintain PHI in an electronic format, you have the right to request this PHI be sent to you or another entity in electronic format. If we are not able to send in electronic format, we will comply with the request by producing a hard copy of the requested PHI. In order to exercise this right, you can put your request in writing to the program supervisor or directly to the organization's Privacy Officer (see contact information in Section VI). Please detail your request with any further requests.

E. The right to correct or update your PHI. If you believe that there is a mistake in your PHI, or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request. If we approve your request, we will make the change to your PHI, tell you that we have done so, and provide an update to designees in need of this. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to

file a written statement of disagreement. If you don't file a written statement of disagreement, you may alternatively ask that your original request and our denial be attached to all future disclosures of your PHI. In order to exercise this right, you can put your request in writing to the program supervisor or directly to the organization's Privacy Officer (see contact information in Section VI). Please detail your request with any specific edits or updates.

F. The right to receive notification if and when your PHI is breached. A breach is when there is an unauthorized acquisition, access, use or disclosure of PHI that compromises the security or privacy of this information.

G. The right to get a list of the disclosures we have made. You have the right to get a list of those instances in which we have disclosed your PHI. The list will not include uses or disclosures made to you; those related to treatment, payment, or health care operations; those that were authorized by you; those made for national security purposes; or in certain circumstances, those made to correctional institutions or for other law enforcement custodial situations. In order to exercise this right, you can put your request in writing to the program supervisor or directly to the organization's privacy officer (see contact information in Section VI).

H. The right to get this notice by email. You have the right to get a copy of this notice by email. Even if you have agreed to receive the notice via email, you also have the right to request a paper copy of this notice.

I. The right to ask questions and request additional information related to gaining further understanding of this policy. Your questions can be directly answered by contacting the program you/your child is enrolled in or by contacting Eckerd Connects' Privacy Officer at the contact information listed in Section VI.

Note: With regard to references of written communication in Section III, should a client/caregiver need accommodation to complete, the party shall contact the Privacy Officer for alternative method for submission.

IV. How to express concerns about our privacy practices.

If you think Eckerd Connects or an employee of Eckerd Connects may have violated your privacy rights, or you disagree with a decision made about access to your PHI, you may file a complaint with the person listed in Section V below. You also may send a written complaint to the Secretary of the Department of Health and Human Services, 200 Independence Avenue, S.W., Washington, D.C. 20201. Eckerd Connects will take no retaliatory action against you if you file a complaint about our privacy practices.

V. The person to contact for information about this notice.
If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact Martin Peters, General Counsel, who can be reached at (727) 461- 2990, via email at mpeters@eckerd.org or by traditional mail at 100 N. Starcrest Drive, Clearwater, FL 33765.

VI. Eckerd Connects' Organization Privacy Officer
Eckerd Connects' Organizational Privacy Officer is currently Martin Peters. His contact info is:
Phone: (727) 461-2990
Email: mpeters@eckerd.org
Mailing Address: 100 N. Starcrest Drive, Clearwater, FL 33765

VII. Effective date of this notice
This notice is effective as of March 29, 2024.

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

My signature below acknowledges:

- Eckerd Connects' Notice of Privacy Practices explained to me;
- I was given the opportunity to ask questions to ensure understanding of its content to my satisfaction; AND
- I received a copy of the document.

Parent/Guardian Name: _____ _____ _____
Print Signature Date Signed

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CARING FOR CHILDREN | Eckerd Connects — DEMOGRAPHIC INFORMATION

(This information is for demographic evaluation purposes only)

Please describe the stress you are experiencing and how it is impacting your life and family:

_____

_____

_____

_____

_____

Rate this level of stress from 1 to 10 - Your Stress Level = _____

Race/Ethnicity *(please choose the ONE that best describes what you consider yourself to be)*:

☐ Native American or Alaskan Native
☐ Native Hawaiian/Pacific Islander
☐ African American
☐ Asian
☐ White (Non-Hispanic)
☐ Native American or Alaskan Native
☐ Multi-Racial
☐ Hispanic or Latino
☐ Middle Eastern
☐ Other: _____

Marital Status:

☐ Married ☐ Single ☐ Widowed ☐ Partnered ☐ Divorced ☐ Separated

Family Housing:

☐ Own ☐ Shared housing w/ friends/relatives ☐ Homeless ☐ Rent ☐ Temporary

Family Income:

☐ $0 - $10,000/year ☐ $10,001 - $20,000/year ☐ $20,001 – $30,000/year
☐ $30,001 - $40,000/year ☐ $40,001 - $50,000/year ☐ More than $50,001/year

Highest Level of Education:

☐ Elementary/Junior High School ☐ Some High School ☐ High School Diploma or GED
☐ Trade/Vocational Training ☐ Some College ☐ 2-Year College (Associate's Degree)
☐ 4-Year College (Bachelor's Degree) ☐ Master's Degree ☐ Ph.D. or Other Advanced Degree

Which, if any, do you receive? *Check all that apply.*

☐ Food Stamps
☐ Earned Income Tax Credit
☐ Head Start/Early Head Start Services
☐ Medicaid (State Health INS)
☐ TANF
☐ None

CARING FOR CHILDREN | Eckerd Connects — DEMOGRAPHIC INFORMATION

(This information is for demographic evaluation purposes only)

Please write the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1-7 where each number represents a different amount of time. The number 4 means that the statement is true about half the time. This helps determine that the Respite Scholarship is helpful to you and your family.

1 Never	2 Very Rarely	3 Rarely	4 About Half the Times	5 Frequently	6 Very Frequently	7 Always

1. In my family, we talk about problems. _____
2. When we argue, my family listens to “both sides of the story.” _____
3. In my family, we take time to listen to each other. _____
4. My family pulls together when things are stressful. _____
5. My family is able to solve our problems. _____
6. I have others who will listen when I need to talk about my problems. _____
7. When I am lonely, there are several people I can talk to. _____
8. I would have no idea where to turn if my family needed food or housing. _____
9. I wouldn’t know where to go for help if I had trouble making ends meet. _____
10. If there is a crisis, I have other I can talk to. _____
11. If I need help finding a job, I wouldn’t know where to go for help. _____

This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services.

1. There are many times when I don’t know what to do as a parent. _____
2. I know how to help my child learn. _____
3. My child misbehaves just to upset me. _____
4. I praise my child when he/she behaves well. _____
5. When I discipline my child, I lose control. _____
6. I am happy being with my child. _____
7. My child and I are very close to each other. _____
8. I am able to soothe my child when he/she is upset. _____
9. I spend time with my child doing what he/she likes to do. _____