



Greetings,

Thank you for your interest in the Upper Savannah Family Caregiver Support Program. Below are some guidelines to keep in mind when completing the intake form.

- 1) The grant funding for respite care is specifically for **CAREGIVERS** to receive respite or a temporary break. It does not provide additional services for the care receiver. The **CAREGIVER** is considered the client.
- 2) The caregiver on the intake form should be an unpaid family member or other caretaker (friend, neighbor, extended relative, etc.) who provides consistent, hands-on care and is in need of a break. This does **NOT** include paid caregivers.
- 3) Caregivers or care receivers receiving respite services through the South Carolina Respite Coalition are **NOT** eligible to apply for the Upper Savannah Family Caregiver Support Program. We cannot duplicate services with this agency.
- 4) Caregivers or care receivers receiving respite services through CLTC, Veterans Administration Aid and Attendance, or Hospice Facility Respite **MAY** complete the intake form, but approval will be based on current funding levels. Priority is given to those caregivers receiving no other benefits.
- 5) Intake forms are screened for eligibility. Everyone who fills out the intake form will not receive funding. Caregivers will receive written notification of ineligibility.
- 6) All grants must be utilized by a DHEC-licensed agency. We do **NOT** pay private sitters, caregivers, or family members of the care receiver or caregiver.
- 7) We are **NOT** an emergency service. The intake and assessment process takes time and wait times vary throughout the year based on funding levels and request volume.
- 8) We cannot accept intake forms completed by care providers who benefit financially from the grant. This is a conflict of interest.
- 9) Please write in legible print to be considered. Any illegible information will increase wait time.
- 10) Once your intake form is completed, our staff will call you to conduct the required phone interview with the caregiver listed on the form. We process intakes in the order they are received. **Thank you for your understanding and patience regarding the wait time for your interview and grant.**

Please feel free to call our Information and Referral Specialist with any questions regarding other programs or services offered by the Upper Savannah Area Agency on Aging at **864-941-8069**.

Thank you,

Aeriell Bowick

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CHECKLIST FOR CAREGIVER(S)

****KEEP THIS PAGE FOR YOUR RECORDS. DO NOT RETURN.****

- FILL OUT AND RETURN THE 4-PAGE INTAKE FORM (AND DIAGNOSIS/NUTRITION REQUIREMENT FORM IF REQUIRED)
- COMPLETE PHONE INTERVIEW WITH AERIELL BOWICK, THE FAMILY CAREGIVER ADVOCATE (THESE ARE COMPLETED IN THE ORDER IN WHICH THEY ARE RECEIVED)
- CHOOSE AN AGENCY FROM THE LIST PROVIDED TO YOU AFTER THE PHONE INTERVIEW (IF APPROVED FOR A VOUCHER, THIS LIST WILL BE SENT TO YOU)
- LET AERIELL BOWICK, THE FAMILY CAREGIVER ADVOCATE, KNOW WHICH AGENCY YOU WANT TO USE (THIS IS WHEN THE VOUCHER WILL BE SENT TO THE AGENCY OF YOUR CHOICE)
- ONCE A VOUCHER IS SENT, THE AGENCY YOU CHOSE SHOULD CONTACT YOU TO START SETTING UP A SCHEDULE TO START PROVIDING SERVICE TO YOUR LOVED ONE. (IF YOU DO NOT HEAR FROM THE AGENCY WITHIN 3-5 DAYS OF VOUCHER BEING SENT- CONTACT THE AGENCY)

REMINDERS

- YOU CAN REAPPLY FOR A VOUCHER EVERY YEAR - THERE IS NO GUARANTEE YOU WILL BE APPROVED, BUT YOU CAN REAPPLY YEARLY.
- UPPER SAVANNAH COUNCIL OF GOVERNMENTS IS NOT RESPONSIBLE FOR ANY SERVICES PROVIDED BY AN AGENCY BEFORE THE VOUCHER HAS BEEN APPROVED AND SENT.
- UPPER SAVANNAH COUNCIL OF GOVERNMENTS IS NOT ABLE TO PROVIDE EMERGENCY PLACEMENT.
- THE VOUCHER MUST BE USED WITHIN 90 DAYS OF THE APPROVAL DATE.

BLACKOUT DATES

PLEASE BE AWARE OF OUR BLACKOUT DATES IN JUNE. WE WILL NOT BE RESPONSIBLE FOR PROVIDING SERVICES DURING THE TIME OF JUNE 10TH – JUNE 30TH. WE WILL RESTART SERVICES ON JULY 1ST.

THIS BLACKOUT TIME FRAME ALLOWS US TO RECEIVE ANY OUTSTANDING INVOICES FROM ALL THE AGENCIES AND GET THEM ENTERED INTO OUR SYSTEM BEFORE OUR NEW FISCAL YEAR STARTS ON JULY 1ST.

WE APOLOGIZE FOR ANY INCONVENIENCE THIS MAY CAUSE.