

Why is Respite Important?

Caring for a loved one can be very rewarding, but can also be stressful, and even overwhelming at times due to a lack of balance. For many families, especially those with loved ones who require intensive care, it can be difficult to think about spending time apart from one another. As a caregiver, entrusting the care of your loved one to someone else can cause feelings of anxiety, and for the individual requiring support, the very thought of going somewhere new, without their typical caregiver, can be unsettling. They may refuse to participate in any discussion about the subject. However, recognizing the importance of short breaks for everyone can provide many positive benefits for all family members.



Respite Care Program

3800 E. Highway 34 – Hillsview Plaza
c/o 500 E. Capitol Ave.
Pierre, SD 57501-5070
Phone: 800-265-9684
Fax: 605-773-7562

The Department of Human Services does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of actual or perceived race, color, religion, national origin, sex, age, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in its programs, activities, or services. For more information about this policy or to file a Discrimination Complaint you may contact: Discrimination Coordinator, Director of DHS Division of Legal Services, 3800 E. Hwy 34, c/o 500 E Capitol Ave, Pierre, SD 57501, 605.773.5990.

Español (Spanish) - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.305.9673 (TTY: 711).

Deutsch (German) - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.305.9673 (TTY: 711).

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Respite Care Program

Respite Care

Short Breaks for Caregivers



DEPARTMENT OF HUMAN SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES

Tel: (800) 265-9684 or 605-773-3438

Website: [https://dhs.sd.gov/
developmentaldisabilities/respitecare.aspx](https://dhs.sd.gov/developmentaldisabilities/respitecare.aspx)

What is Respite Care?

Respite is planned or emergency care provided to a child or adult with special needs in order to provide temporary relief to, or a short break for, family caregivers who are caring for that child or adult. Providers, chosen by the family, care for children or adults with special needs while families take a class, go to a movie or go on a vacation. These breaks allow families time to tend to the needs of their other family members, spouses and themselves.

Who is eligible?

Any family having a child or adult with;

- a developmental disability;
- developmental delay (birth to age 3);
- serious emotional disturbance (children);
- severe and persistent mental illness;
- chronic medical condition (children);
- a traumatic brain injury; or
- a child they have adopted;

The child or adult must be living in a family member's home. The family provides information indicating diagnosis and source of the diagnosis, or adoption status, to determine eligibility.

Each application will be reviewed by the Respite Care Program Specialist. Respite Care is available to qualifying families regardless of income.

How does it work?

For an eligible child or adult, a family will receive a predetermined budget for Respite Care services, and additional funds available for each additional eligible family member, per year (June 1–May 31). The family selects a provider and the provider receives reimbursement by submitting the Request For Payment form to the Department of Human Services Respite Care Program Specialist.

Respite Care budgets can be found at <https://dhs.sd.gov/developmentaldisabilities/respitecare.aspx>. The Respite Care program cannot be accessed by Family Support 360 participants.

How do I apply?

Complete the attached application and return to the Respite Care Program Specialist. When the application is approved, you will receive a verification number, Request For Payment forms and additional information about the Respite



Respite Care Application Inside

APPLICATION FOR RESPITE CARE PROGRAM

(Please print or type)

PARENT/FAMILY MEMBERS NAME: _____
 ADDRESS: _____ CITY: _____ STATE: _____
 ZIP CODE: _____ PHONE (Best Number): _____ E-MAIL: _____

NAME OF CHILD OR ADULT WITH DISABILITY	DIAGNOSIS or Adoption Status	SOURCE of Diagnosis	DOB	SSN	IEP/IFSP Y/N	R	S

The child or adult's diagnosis and source of diagnosis must be listed above. **Documentation of the child's or adult's diagnosis, or adoption, must accompany this application form.** A copy of any document containing the diagnosis and name of the physician or therapist issuing the diagnosis should be sufficient for children or adults with a developmental disability, and children with developmental delays, or chronic medical conditions. If the child has a serious emotional disturbance, or the adult has a severe and persistent mental illness, a summary evaluation form available at <https://dhs.sd.gov/developmentaldisabilities/respitcare.aspx> or from the state Department of Human Services (1-800-265-9684) should also be completed by the therapist and returned with the application.

Family member's relationship to child or adult with disabilities: _____
 Are any of the children in your family adopted? _____ (yes or no)
 Does your child or adult with disabilities reside in your home the majority of the year? _____ (yes or no) If no, please explain: _____

Briefly describe your family's needs that could be met by the Respite Care Program due to your child or adult family member's disability: _____

I understand for a child or adult to be eligible for the Respite Care Program they must have a developmental delay (children only) or disability, a serious emotional disturbance, a severe and persistent mental illness, a chronic medical condition (children only), traumatic brain injury or be adopted; and must reside within a family member's home.

SIGNATURE _____ DATE _____

South Dakota Department of Human Services
 Respite Care Program
 3800 E. Highway 34 - Hillisview Plaza
 c/o 500 E. Capitol Ave., Pierre, SD 57501-5070

----- (cut along dotted line) -----

Directions for Application

PARENT/FAMILY MEMBER'S NAME: Enter the name of the parent or family member with whom the person needing care resides. This person will be the contact for the S.D. Department of Human Services.

ADDRESS, CITY AND ZIP CODE: Enter the mailing address, city and zip code for the above-named person.

PHONE NUMBER (BEST): Enter the best phone number for the above-named person to be contacted at.

NAME OF CHILD(REN) OR ADULT NEEDING CARE: Enter the full name of the child(ren) or adult needing care. Eligible care needs are defined as a developmental delay, developmental disability, a serious emotional disturbance, a severe and persistent mental illness, a chronic medical condition or a traumatic brain injury.

DIAGNOSIS or ADOPTION STATUS: Enter the child(ren)'s or adult's diagnosis, or the child(ren)'s adoption status. For example: intellectual disability, attention deficit disorder, juvenile diabetes, etc.

SOURCE: Enter the name of the professional that determined the diagnosis. For example, psychologist, psychiatrist, therapist, physician. If you feel your child or adult family member is eligible, but do not have a diagnosis, call 1-800-265-9684 for further assistance.

DOB: Enter the child(ren)'s or adult's date of birth.

IFSP/IEP Y/N: If the child(ren) is on an Individual Family Services Plan (IFSP) or Individual Education Plan (IEP), enter Y or yes. If the child(ren) is not on an IFSP or IEP, enter N or no.

RACE/SEX: Enter W for White, B for Black, H for Hispanic, AI for American Indian, AN for Alaskan Native, A for Asian or PI for Pacific Islander. Enter M for Male or F for Female. This information is optional and will be used for statistics and future program planning.

FAMILY MEMBER'S RELATIONSHIP TO CHILD OR ADULT NEEDING CARE: Identify relationship, e.g., mother, father, brother, sister, etc. Also identify if child or adult needing care is a foster child or adult in adult foster care.

DESCRIBE HOW YOUR CHILD OR ADULT'S NEEDS AFFECT HIM/HER AND YOUR FAMILY ON A DAILY BASIS: In a brief paragraph, describe the needs of child or adult and how they affect the child or adult family member and family.