



STATEMENT OF UNDERSTANDING FOR INSTALLATION FUNDED RESPITE CARE

- Families may receive up to 40 hours per month of respite care. Hour count does not change if more than one Exceptional Family Member (EFM) is supported.
- Respite care is to be used for temporary, short durations of rest periods for family members caring for those with special needs. Respite care may not be used to fund daycare or babysitting to allow the service member or spouse to work or attend school. In addition, “short durations” has been defined by headquarters as care provided for six hours or less at a time, in one calendar day. Monthly playgroups, preschool and/or monthly contracted childcare does not meet HQ’s definition of “short term” respite care. Childcare provided for more than six hours at one time in a calendar day will not be reimbursed.
- Respite is typically provided in the family member’s home or the provider’s home and not in a public location.
- Respite providers shall not transport the EFM to activities or provide household chores other than providing meals or snacks as per parental direction.
- EFMP enrollment and update must be current, and the EFM must legally reside full time with the sponsor. Families not in compliance with updates are not eligible for respite care until updated forms are submitted and approved by HQMC.
- Personnel travel, transportation, per diem, or any other personnel expenses, transportation of supplies, consumable materials, and equipment are not a component of EFMP respite care and are not authorized for reimbursement.
- Submit reimbursements via mail or in person. No faxed or scanned forms will be accepted.
- Submit reimbursement claims no later than the 7th of the following month in which care was provided (i.e. December respite reimbursement should be submitted by January 7th). Claims submitted after the 7th of the month will not be processed until the following month. Families who elect to delay reimbursement submissions for more than 60 days from due date forfeit reimbursement.
- Please allow up to 30 days from respite due date for receipt of reimbursement.
- When submitting the monthly respite care reimbursement form, daily numbered receipts showing payment to the provider need to be included. Receipts from public facilities such as the CDC will be accepted only when the document reflects the number of hours in which care was provided (hourly care). Receipts must also reflect: detailed



dates/hours when service was provided, who the service was provided to, provider's signature.

- Sponsor's signature is required on the reimbursement form. If the sponsor is deployed, the installation must have a copy of a valid Power of Attorney to process form with spouse's signature.
- Families are required to sign up for Direct Deposit. It is the responsibility of the EFMP family to notify the respite coordinator if there are changes regarding their Direct Deposit account, or if there is a change of address.
- Respite reimbursement rates are based on the Level of Need assigned by HQMC. Families must include provider documentation of qualifications for level three and level four reimbursements. Level three and level four providers must be over 18 years of age.
- Requests for a change in respite care level must be submitted through the installation program manager. Supporting documentation or an enrollment update may be required to substantiate a change.
- EFMP retains the right to verify the information and provision of respite care services. There is legal recourse for fraudulent reporting. Installation EFMP Manager will report concerns about fraudulent reimbursement requests to installation authorities for investigation. Results of investigation will be forwarded to CMC.
- Effective date of respite reimbursement is the date this SOU is signed. Receipts dated prior to the signature date of the SOU will not be reimbursed.
- In the event of a Permanent Change of Station (PCS) this SOU will remain effective until the Service Member checks in at the new duty station. It is the Service Member's responsibility to schedule an appointment with the EFMP office at the gaining installation to sign a new SOU and discuss installation reimbursement rates.



By signing this Statement of Understanding I understand and agree to the terms listed above when seeking reimbursement through the Installation Funded Respite Care Program.

I also understand that if I am unclear on any points described above I will seek clarification by calling the EFMP office before seeking reimbursement.

Sponsor Signature _____ Date _____

ENROLLMENT INFORMATION:

Sponsor's name _____ SSN
(Last 4) _____

Home Address _____
Contact Ph. # _____

E-mail _____ EAS _____
Navy? yes no

Name of Family Member	Age	Date of Birth	EFM? Y/N	Respite Level	Hourly Rate

HOURLY FAMILY RATE NOT TO EXCEED \$ _____

Updates for 1st EFM child _____ 2nd EFM child _____ 3rd EFM
child _____

Updates for EFM Spouse _____

Case Worker: _____ Respite Coordinator _____