



# RESPITE CARE

## PROVIDER MANUAL

1673 Dousman St,  
Green Bay, WI 54303  
920-498-2599  
[www.aspiroinc.org](http://www.aspiroinc.org)

# Aspiro Respite Policies

The Respite Care Program provides two forms of respite: in the client's home or in the home of a Respite Care Provider. This manual covers policies and guidelines for both types of Respite Care Providers.

## EMPLOYMENT TERMS AND SCHEDULING

- Respite Care Providers, whether they perform duties in the home of the client or in their own homes, they are employees of Aspiro.
- Respite Care Providers are entitled to social security, unemployment, and worker's compensation coverage. They are covered by Aspiro's liability insurance.
- Respite Care Providers are **casual employees**, which means they work occasional and irregular hours based on business needs. Every effort will be made to match providers with families and provide opportunities for work, but inactive employees (*those that have not provided respite care for at least six months*) will be closed, unless alternative arrangements are pre-arranged.
- The scheduled time worked is unique to each situation and can vary considerably. When required to be on duty for less than 24 hours, employees are paid for all hours present. When required to be on duty for 24 consecutive hours or more, 8 hours of sleep will be excluded from hours worked per 24-hour period. If sleep time is interrupted due to client care needs, the Respite Care Provider will be reimbursed at that time, if documentation of valid reason(s) and time(s) is indicated on the time sheet. If a provider does not get five consecutive hours of sleep due to client care needs, the provider will be paid on an hourly rate basis for the entire shift.
- Acceptance into the Respite Care Program is based upon experience, reference responses, criminal background check, and interview responses. Once accepted, Respite Care Providers will be appropriately matched with clients.
- Criminal background checks are conducted on all Aspiro employees, including Respite Care Providers, every four years.

## ORIENTATION

- Respite Care Providers become representatives of Aspiro.

- Aspiro offers many programs and services for individuals with developmental disabilities and their families.

## TRAINING/ONBOARDING

Respite Care Providers are provided with individualized training by the families of the clients they are matched with.

## JOB POSTINGS

- Job openings are posted on Aspiro's website.
- Job openings may appear at the Wisconsin Job Center and may appear at colleges and universities or in newspapers or other publications.

## DRUGS AND ALCOHOL IN THE WORKPLACE

Aspiro is a drug-free workplace and strictly prohibits employees from being under the influence of alcohol or a controlled substance (other than those prescribed by a licensed physician) while working or driving on the job. This includes recreational substances (i.e. marijuana, THC, etc.)

Aspiro strictly prohibits the unlawful manufacture, distribution, dispensation or possession of a controlled substance (other than prescribed by a licensed physician) on the premises / work sites.

Foster Respite Care providers should refrain from consuming alcohol in their home while providing Respite Care. Foster Respite Care providers cannot transport a client except with absolute sobriety.

### **Reasonable Cause / Suspicion Testing**

For purposes of this policy, reasonable cause / suspicion may be based on actions and behaviors documented on an Aspiro **Reasonable Cause / Suspicion for Alcohol / Drugs Form**. This form must be submitted to the assigned Vice President / Vice President of Human Resources. If there is reasonable cause / suspicion to believe that an employee's judgment or coordination or other senses are impaired to the extent that he / she poses a threat to the safety of other persons or property, or to the integrity of this organization, or an employee is involved in an accident resulting in injuries or death to any party, Aspiro may require the employee to submit to an alcohol and / or drug screening test. The test will be paid for by Aspiro and conducted at an Aspiro designated facility. Under no circumstances will the employee be allowed to drive to the testing facility. One or more Aspiro vice presidents or managers will drive / escort the employee to the facility and if necessary, drive / escort the employee home.

A positive screening test is grounds for disciplinary action such as a referral, verbal warning, written warning, suspension (with or without pay), or termination.

“Refusal to submit to testing” will be considered a positive test, and for purposes of this policy means:

- Refusing to be escorted to the designated alcohol and / or drug screening facility.
- Failing to provide a qualified specimen (urine, blood, breath, or saliva) without a valid medical explanation.
- Engaging in any conduct which obstructs the alcohol and / or drug screening test process such as tampering with, adulterating, or diluting a qualified specimen or refusing to sign the chain of custody form at the testing facility.

### **MEDICAL EMERGENCY/EXPOSURE/WORK RELATED INJURY**

- In case of an emergency dial 911.
- For **exposure to a bloodborne pathogen** employees can use the Prevea WorkMed at 3021 Voyager Drive Green Bay, WI 54311. Call 920-496-4700 prior to departure.
- For a **work-related injury** employee can use the sites below. Call prior to departure.
- First Care -St. Mary’s Hospital  
920-488-4200
- Prevea Urgent Care - Howard Site  
920-496-4700
- Prevea Urgent Care – Ashwaubenon Site  
920-496-4700

### **INCIDENT REPORTS**

Aspiro requires reporting of incidents that occur. An incident is described as an occurrence that requires special attention. For example, incidents such as:

- Abuse / neglect
- Accidents / injuries that require medical attention
- Elopements (unanticipated or unauthorized absence of a client)
- Grievances
- Investigations by law enforcement
- Medical issues of known or unknown origin
- Misappropriation or mismanagement of a client’s funds or property

- Violation of rights

Please contact Respite Care Program Manager to report the incident and complete an Incident Report form. A blank incident report form can be obtained by contacting the Respite Care Program Manager or Human Resources. Please refer to the following guidelines when completing an incident report form:

- Incident reports should be an objective description of the incident, telling only what happened. Use only statements that describe what someone did (i.e., slept, smiled, kicked, cried).
- When writing incident reports, do not state opinions, describe characteristics (i.e., lazy, withdrawn, stubborn), or describe inner states or emotions (i.e., angry, happy, upset).
- If a second person is involved use only their first name and last initial.
- Be sure the form is signed and dated.

If you become injured while you are providing respite care, please notify Aspiro (Respite Care Program Manager) as soon as possible. You will need to complete an incident report.

## ABUSE/NEGLECT

The following information is from Chapter 55: The Wisconsin Protective Services Law and its Application. The intent is to provide information to In-home and Foster Respite Care Providers, to assist in identification and reporting of abuse/neglect.

All Respite Care Providers are considered mandatory reporters of suspected abuse / neglect. If abuse / neglect is suspected, complete an Aspiro incident report, a Brown County Critical Incident Report, and contact the Manager Respite Care.

### **Vulnerable Adult**

A vulnerable adult is a person who has developmental disabilities, infirmities of aging, mental illness or other like incapacities and who is either:

- Substantially mentally incapable of providing for his or her needs for food, shelter, clothing, or personal or health care; or
- Unable to report if he or she is abused or neglected.

### **Abuse**

The following behavior is defined in Chapter 55 as abuse:

- A person causes bodily harm to a vulnerable adult by either doing something or failing to do something. The action or failure to act must be *intentional* or *reckless*. That is, the person must know that he or she is doing the action and that the harm is a likely consequence or must do it without paying attention to the harm that it might cause, even though the likelihood of harm should be obvious. *Bodily harm* includes physical pain or injury, illness, and any impairment of physical condition. Abuse can include harm caused by a *course of conduct*. That is, a series of actions may be harmful and result in abuse, even though one of the actions by itself would not be harmful.
- A person intimidates, humiliates, threatens, frightens, or otherwise harasses a vulnerable adult by doing something, failing to do something, or engaging in a course of conduct. It is important to note that no injury to the person has to be shown. Again, the action or inaction must be intentional or reckless.
- A person forces a vulnerable adult to take a medication, knowing that he or she is acting without lawful authority.
- A person subjects another person to sexual assault.

### **Neglect**

*Neglect* refers to doing something, not doing something, or doing a series of things that creates a significant danger to the physical or mental health of a vulnerable adult because of the failure to provide adequate food, clothing, shelter, medical care or dental care. Unlike abuse, neglect may result from the actions or inactions of the vulnerable adult as well as of another person. For example, a person who lives alone and does not provide himself or herself with a minimally adequate diet is subject to neglect, even if no one else can be held responsible for that neglect.

### **Exploitation, Misappropriation of Property and Material Abuse**

The term “exploitation” is not defined by statute. In its common meaning, a person is exploited if he or she is used by another person in a selfish and unethical way. Exploitation presumably includes *misappropriation of property*, which is defined in Chapter 55 as either (1) intentionally taking, using, or hiding the property of a vulnerable adult without his or her informed consent, or (2) getting property by intentionally deceiving a vulnerable adult with a false representation. However, in the context of an offer of voluntary protective services, exploitation could probably include any taking advantage of a member of a protected group. For example, counseling or protection could be offered to someone who is easily pressured into giving away money or into allowing himself or herself to be used sexually.

### **Reporting Abuse or Neglect of Children**

Under Chapter 48, a wide range of human service, medical educational and law enforcement providers must report reasonable cause to suspect that a child seen professionally has been or

will be abused. Any other person may report. Reporters are protected from being discharged from employment and, if they act in good faith, from legal liability for making the report.

### **Reporting Abuse or Neglect of Adult Clients**

Nursing homes, facilities for the developmentally disabled, and community-based residential facilities must report allegations of violations of client's rights by licensed, certified, or registered professionals to the appropriate licensing or examining agency. Employees of these facilities and other professionals may make similar reports. Reporters who act in good faith are protected from civil liability. This provision presumably overrides clients' rights to confidentiality, but this is not specifically stated. Nursing homes, FDDs and CBRFs must summarize rights violations in a statement to DHSS, including names of persons involved. Again, this apparently overrides confidentiality rights. It is a criminal violation for an employee of a wide range of human service and residential facilities to "knowingly permit" abuse or neglect to happen.

## **USE OF RESTRICTIVE MEASURES**

Aspiro recognizes the fundamental responsibility to protect and promote the rights of people receiving services.

The Division of Long Term Care (DLTC) provides policy guidance to community-based stakeholders in a document entitled *Guidelines and Requirements for the Use of Restrictive Measures* ([http://www.dhs.wisconsin.gov/bdds/waivermanual/app\\_r.pdf](http://www.dhs.wisconsin.gov/bdds/waivermanual/app_r.pdf)). This document provides guidance regarding the use of restraints, isolation, protective equipment and medical restraints for individuals covered by specific waivers managed by the DLTC. This includes all children and adults receiving respite care through Aspiro that are funded through waivers.

The DLTC requirement of "least restrictiveness" means that restraints are a method of last resort to assure safety. Restraints are very temporary strategies to address situations where imminent risk is present. The use of physical interventions to control a person or in response to aggressive behavior is not treatment, nor is it considered therapeutic.

Physical interventions are to be avoided whenever possible and all other feasible alternatives, including de-escalation techniques are to be exhausted prior to using a physical intervention. When required, physical interventions may be used only for the shortest time possible in the individual circumstance and must be in a manner that causes the least possible physical or emotional discomfort, harm or pain to the person.

In summary, use of physical restraint will be the absolute exception rather than the rule. We agree that its use in most cases is not treatment, has no therapeutic value, reflects treatment failure, and can cause harm to all involved. Respite Care Providers will support, encourage and promote a restraint free environment.

If a Respite Care Provider is in a situation where a physical restraint is needed, it should be reported to the Manager Respite Care as soon as possible.

## SEXUAL ASSAULT

Aspiro recognizes its responsibility to respond to sexual harassment, sexual contact and sexual assault and ensures that the rights, dignity and safety of victims are a top priority.

Any employee who is subjected to sexual assault should immediately report the matter to his / her supervisor or HR. If the sexual assault involves an employee's supervisor, he / she should report it directly to HR.

After receiving a report of sexual assault of a person receiving services, the following individuals should be notified immediately: the client's service coordinator or program manager, and Vice President of Services / President.

After receiving a report of sexual assault of an employee, volunteer or visitor, the following individuals should be notified immediately: the employee's supervisor, program manager and Vice President / Vice President of Human Resources.

The following actions will be taken:

- Consider that the assault did occur even if you have reason to doubt the assault is real or have misgivings about other things that the alleged victim told you.
- Provide non-judgmental emotional support to the victim. Consider the safety of the victim and provide protection from the alleged abuser.
- If necessary, provide or seek medical care for the victim.
- If necessary, preserve evidence. Employees should not have the victim change his / her clothes or bathe / shower.
- If necessary, call the Sexual Assault Center of Family Services at 436-8899. This is 24 hours a day, 365 days a year service for victims of sexual violence, and their families and friends.
- If necessary, call law enforcement at 448-3200.
- Appropriate parties should be notified.
- Complete and submit a county **Critical Incident Report or Aspiro Accident / Injury Investigation Report**. The information provided should be described rather than interpreted and facts reported objectively. Collecting thorough information improves the



likelihood that investigation yields a satisfactory resolution.

## Respite Care Policies and Guidelines

### GENERAL

- Respite care is available 365 days of the year contingent upon the availability of a Respite Care Provider.
- In the case of a client's communicable disease (cold, flu, etc.), respite care may be provided upon the discretion of the Respite Care Provider and the Manager Respite Care.
- When respite care is provided in the home of the client, transportation to the client's home is the responsibility of the Respite Care Provider. When respite care is provided in the home of a Respite Care Provider transportation to the Provider's home is the responsibility of the family.
- ***Aspiro, Inc. is not responsible for damage to property during a respite period.*** Damage to property is the responsibility of the client/family. Liability protection typically is included in homeowner's/renter's insurance, and this should cover damage to property. Foster providers will be informed whether a family has liability coverage or not.
- The Respite Care Provider's primary responsibility is to care for the client. Housekeeping duties are required only as part of the client's care.
- Respite Care Providers may take the client out of the home; e.g., family outings, restaurants, community events, etc., during respite with permission from the client's parent or guardian. Aspiro does not reimburse for travel or activity expenses. For children enrolled in the CLTS program, mileage reimbursement may be applicable if there is an authorization in place and included in the child's ISP Reimbursement. ***A Respite Care Provider cannot travel outside of Brown County without prior Aspiro approval.***
- The Respite Care Provider must have a valid Wisconsin driver's license and personal automotive insurance that meets Wisconsin's minimal requirements to transport a client. We encourage you to check with your insurance agent if you have any questions. ***Aspiro does not reimburse for automotive insurance.***
- Respite Care Providers are not allowed to take their own children, grandchildren, friends, etc. along when they are providing respite in the families' homes.
- In-Home Respite Care Providers are not allowed to take the client to their own home during a respite period unless they have gone through the additional Foster Respite

screening and requirements through Aspiro.

- In the event of a Respite Care Provider's inability to complete a scheduled respite, the Provider should contact the family. If the family is unable to be reached, the Provider should contact the Respite Care manager. If the manager is unavailable, the emergency contact person listed on the Authorization for Medical/Surgical Treatment form should be reached.

### **FOSTER RESPITE (PROVIDING CARE IN YOUR OWN HOME)**

Additional requirements apply for Respite Care Providers who provide care in their own homes (Foster Respite). Aspiro requires these Providers to undergo a screening process similar to the State Foster Home Licensing procedure. Requirements include:

- Criminal background check for all adults living in the home
- Home visit and home study
- Foster respite checklist
- Re-certification is required every two years and includes a home visit, recertification questionnaire and foster respite checklist.

### **MATCHES/PRE-PLACEMENTS**

- Matches will be based upon the availability and skills of the Respite Care Provider, interests and preferences of the Provider and client, and the needs of the client.
- If the Respite Care Provider is available for respite, the Manager Respite Care will share information on the client's care.
- If the Respite Care Provider feels competent caring for the client, based on the given description, a pre-placement meeting will be arranged. During a pre-placement, the Manager Respite Care, the Respite Care Provider, the client, and the family meet where the respite will take place, review the client care information and further determine the appropriateness of the match. If a pre-placement meeting is successful, respite can be set up.
- The family will generally call the Provider directly for future respite placements. If, however, Providers are not satisfied with the amount of respite they are providing and would like to provide more care, they can try calling some of their clients' families to offer some respite care or call the Manager Respite Care to set up matches with additional

clients.

## AT THE TIME OF RESPITE

### **Emergency Medication Forms:**

- The family is responsible for informing Aspiro of any medications needed before the respite placement begins.
- The Respite Care Provider is required to report in MITC if any prescription medications are given. If the instructions on the medication bottle and the instructions provided by the family are different, follow the family's instructions.
- It is the Respite Care Provider's responsibility to report in MITC any medications that were given, as well as reporting if there were no medications given.

### **In Case of Emergency:**

- Should an emergency occur requiring medical attention, take the client's care sheets and emergency medication form to the hospital.
- At your earliest convenience, contact the family or emergency contact person. Do not leave the person unattended until the family or emergency contact person relieves you of your duties.
- Contact the Manager Respite Care to complete an Incident Report.

## TIME SHEETS

- Record respite in MITC (separate instructional sheet provided). If you need assistance, please contact the Respite Care Manager or Human Resources Generalist.
- Indicate a.m. or p.m. after all hours worked.
- The client's parent or guardian must approve the time sheet in MITC.
- When providing respite for 24 consecutive hours, Aspiro deducts eight hours for sleep time. For the purposes of this handbook sleep time will be calculated from 12 am – 8 am.
- If client care duties are required during the sleep time, and the Respite Care Provider does not get five (5) hours of consecutive sleep, the Respite Care Provider will be reimbursed for that time. Respite Care Providers must document the time(s) and reason(s) in the designated area of the time sheet. Respite Care Providers should not exceed 40 hours in

one week (Sunday through Saturday), not including unpaid sleep time, without informing the Respite Care Manager in advance.

- Payroll schedule - Time sheets for employees are required to be completed and submitted for processing by the end of the pay period. Payroll is processed for payment every other Friday. It is a requirement for all employees to be set up for direct deposit of their paycheck.

## SIBLING CARE

- Care for siblings and payment thereof is an agreement between the family and the Respite Care Provider. The family and Respite Care Provider must agree on a rate to be paid and the family pays the provider directly.
- *Sibling Care is not part of Aspiro's Respite Program. The Respite Care Provider is not acting as an Aspiro employee when caring for siblings. Aspiro is not a party to any agreement between the family and the Respite Care Provider related to sibling care.*

## BLOODBORNE PATHOGENS

- Bloodborne pathogens are diseases that are transmitted through the exchange of blood or body fluids from one person to another.
- Bloodborne diseases that you could be exposed to on the job include, but are not limited to, Hepatitis B (HBV) and Human Immunodeficiency virus (HIV).
- It is important to treat all blood and body fluids as though they are infectious.
- It may take only one exposure to a Bloodborne pathogen to become infected. Following Universal Precautions will greatly reduce the risk of becoming exposed to a Bloodborne pathogen.
- If you believe you have been exposed, a doctor should see you within 72 hours. Aspiro has an agreement with Prevea WorkMed at the East Mason Health Center, 3021 Voyager Drive, Green Bay, WI. 496-4700. You would be responsible for the cost. Records are confidential but must be maintained.
- It is not necessary to contact Aspiro before visiting the doctor, but the Respite Care Manager should be notified as soon as possible during regular business hours (7:30 a.m. to 4:00 p.m.) at 920-498-2599.

- Aspiro has a complete Bloodborne pathogen policy and guidelines. Should you have questions regarding these policies, contact the Respite Care Manager.

## UNIVERSAL PRECAUTION PROCEDURE

Universal precautions should be always followed to reduce the possibility of spreading infections from one person to another. All blood and other potentially infectious materials will be considered infectious regardless of perceived status of source individual.

- Latex gloves should be worn at **all times** when touching any body fluids. Body fluids that are always considered infectious include:

- Blood
- Vaginal secretions
- Semen (sperm)

Additional fluids considered potentially infectious if contaminated with blood:

- Feces (stool)
- Urine
- Vomit
- Saliva

- Wash hands before and after contact with any body fluid, even if gloves are worn.
- If skin or mucus membrane was directly touched with a body fluid, wash immediately with anti-bacterial soap and water.
- Bodily waste should be discarded directly into toilet.
- For spills of blood or other potentially infectious body fluids:
  - Treat with chlorine bleach solution (1 part bleach to 10 parts water).
  - The bleach should be left on spill for several minutes.
  - Wearing gloves, wipe spill with disposable towels.
  - Discard wipes/towels into plastic bag and then in proper trash receptacle.
  - Wash hands with anti-bacterial soap.

### **Diapering:**

- Wear gloves with each diaper change.
- Place diaper in plastic bag.
- Follow proper glove removal and place gloves in plastic bag.

- Tie plastic bag and dispose in diaper bucket.
- Wash hands with anti-bacterial soap.

### **Vomit:**

- Wearing gloves, wipe with paper towels.
- Place toweling and gloves in plastic bag.
- Sanitize area with bleach solution.
- Wash area with detergent.
- Follow proper glove removal and place in plastic bag.
- Tie bag and dispose of bag in proper trash receptacle.
- Wash hands with anti-bacterial soap.

## **HAND WASHING PROCEDURE**

The single most effective way to prevent and control the spread of infection to protect both the Respite Care Provider and the client is by following proper hand washing procedures.

Hands should be washed:

- ☐ After toileting / diapering.
- ☐ Before preparing or eating food.
- ☐ After handling an animal.
- ☐ After covering a sneeze or cough.
- ☐ After blowing a nose.
- ☐ Before and after treating a sore or wound.

Proper methods of hand washing:

- Wet hands under warm running water, apply anti-bacterial soap and work up a lather. Apply friction to palms, back of hands, between fingers, thumbs and wrist.
- Remove dirt and debris from under nails, and rinse hands thoroughly with fingers pointed up.
- Remember that the faucets may be contaminated, so turn off with the paper towels.
- Rough and dry hands not only harbor viruses, but provide a portal of entry into your body, so apply lotions liberally when not working, especially at bedtime so that they have time to penetrate and soften the skin.

## GLOVES/GLOVE REMOVAL

Gloves are the most widely used form of personal protective equipment. They act as a primary barrier between your hands and Bloodborne pathogens. **Gloves should be provided by the family.**

- You should wear gloves when you anticipate hand contact with blood, potentially infectious materials, mucous membranes or non-intact skin.
- If you are allergic to latex or nylon gloves, Aspiro will provide hypoallergenic gloves, glove liners, powderless gloves or another alternative.
- Since gloves can be torn or punctured by anything sharp, bandage any cuts before being gloved.
- Replace disposable single-use gloves, such as surgical or examination gloves, as soon as possible if contaminated, torn, punctured or damaged in any way. Never wash or decontaminate for reuse.
- Bandage open wounds appropriately even when wearing gloves.
- You must follow a safe procedure for glove removal being careful that no substances from the soiled gloves contact your hands.
  - With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.
  - With the exposed hand, peel the second glove from the inside, tucking the first glove inside the second.
  - Dispose of the entire bundle promptly.
  - Remove gloves when they become contaminated, damaged or before leaving the work area.
  - Wash hands thoroughly with anti-bacterial soap and warm water.
  - Never wash or reuse gloves.

## CONSUMER RIGHTS AND GRIEVANCE PROCEDURE

Aspiro recognizes the fundamental responsibility to protect and safeguard the rights of consumers. Aspiro adheres to the Grievance and Appeals policies and protocols of the long-term care funding sources we have contracts with. During the intake process, consumers receive a copy of our policy, a summary of their rights per Chapter 51.61 of Wisconsin Statutes sec. 51.61 (1) and DHS 94, a step-by-step procedure for filing a grievance with pictures, and a copy of the Aspiro Grievance Form.

Aspiro has a Client Rights Specialist. This person's name is given to consumers during the intake process and is posted in our Dousman Street and Stiles Road facilities.

## GRIEVANCE RESOLUTION STAGES

**Stage 1:** Informal Discussion (Optional). If you feel one of your rights have been violated, you or your personal representative are encouraged to talk with your Respite Care Manager, Director of Human Resources, or Vice President of Services. If you are able to work things out, no further actions will be taken.

**Stage 2:** Grievance Investigation by Aspiro Client Rights Specialist. If you are unable to work things out, you or your personal representative are encouraged to fill out a Grievance Form and give it to the Aspiro Client Rights Specialist. Once the Client Rights Specialist receives the grievance he / she will investigate it, write a report and deliver a copy of the report to you or your personal representative, the Aspiro Vice President of Services, Aspiro President, and the long-term care funding source within 5 business days. If you agree with the report, no further action will be taken.

**Stage 3:** Review of Investigation Report by Aspiro Vice President of Services. If you do not agree with the report, you or your personal representative may appeal the decision with the Aspiro Vice President of Services. He / she will review the grievance, further investigate it if warranted, write a report and deliver a copy of the report to you or your personal representative, the Aspiro Client Rights Specialist, Aspiro President, and your long-term Care funding source within 5 business days. If you agree with the report, no further actions will be taken.

**Stage 4:** Long-Term Care Funding Source Review. If you do not agree with the report, you or your personal representative may appeal it with your long-term care funding source.

**Stage 5:** State Grievance Examiner / Final State Review. You or your personal representative may appeal the grievance with the State Grievance Examiner, DSL, P.O. Box 7851, Madison,



Wisconsin 53707. Any party has 14 days of receipt of the written decision of the State Grievance Examiner to request a final state review by the Administrator of the Division.

**RESPITE CARE**  
**EMPLOYEE ACKNOWLEDGMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I have received:

- ☒ Information about our allotment and how respite hours are billed
- ☒ Electronic time sheets and Emergency/Medication notification
- ☒ A written Client's Rights and Grievance Procedure with an explanation

I/we have automotive insurance with proper coverage if transport clients.

I/we understand and acknowledge that I am liable for any accidents or injuries that occur to Clients while at my residence.

I/we have read this manual and voluntarily and knowingly agree to the terms contained herein,

I/we understand and acknowledge our obligations and responsibilities in this Provider Manual.

\_\_\_\_\_  
Signature