



Coast Guard Mutual Assistance Respite Care Program

Purpose:

The objective of the CGMA Respite Care Program is to provide temporary relief for a few hours a week, or month, to eligible Coast Guard applicants who have responsibility 24 hours per day to care for an ill or disabled family member who lives in the same household.

Respite care is not meant to be considered as an on-going benefit, but as a short-term help to allow the family to work towards building their own resources for self-financed respite care and to apply for assistance offered through their health insurance, governmental, or community agencies. The program is specifically designed to help **facilitate Coast Guard readiness** and not all categories of Coast Guard Mutual Assistance applicants are eligible.

CGMA assistance for respite care is based on need—the need for respite time, as well as financial need- and is given as a grant.

Eligibility:

- Coast Guard families in which a family member has been diagnosed with a profound disability, or a serious or terminal illness that requires on-going care and attention and is enrolled in the Coast Guard Special Needs Program in accordance with COMDTINST 1754.7 series or families receiving Family Advocacy Program services.
- The person with special needs may be a spouse, a dependent child, or dependent parent (must be registered in DEERS).
- Eligibility of the applicant must be verified and endorsed by a Family Resource Specialist (FRS) or Family Advocacy Specialist (FAS) at their Health, Safety, Work-Life (HSWL) Regional Practice.
- Having a family member enrolled in the Special Needs Program or receiving Family Advocacy services does not automatically make the Coast Guard member eligible for a CGMA Respite Care Grant.
- The member or their family must have unique circumstances or have severe special needs compounded by additional stressors affecting the family, as determined by the local FRS or FAS.

Process:

- The servicing HSWL FRS or FAS verifies the Applicant meets the CGMA Respite Care Grant eligibility criteria and provides the Applicant the **CGMA Form 60a (Revised Aug 2020)** to complete and sign Section 1 of the form. The form contains; a recommendation for the number of hours and the funds required to meet the individual family's need (must not exceed 40 hours per month for a period of three months); payment preference; and an agreement for services or an invoice for services.
- The Applicant provides the completed CGMA Form 60a to their FRS or FAS for verification.

- The FRS or FAS verifies the request and signs the completed form in Section 2.
- The FRS or FAS will provide the signed CGMA Form 60a to the Applicant.
- The Applicant provides the approved CGMA Form 60a and supporting documentation (Invoice/Receipt or Agreement) to their local CGMA representative. Their representative will submit the form and any additional documents to the CGMA HQ office for approval. Once CGMA approves the Respite Care grant, the local CGMA Representative will disburse the funds.

Guidelines:

- The maximum number of respite care hours may not exceed 40 hours per month (average usage 8 hours per week). Anything in excess must be approved by CGMA HQ and CG-1112 or CG-111 Program Manager in advance.
- The maximum hourly rate for respite care may not exceed \$20/hour, or must be justified and approved in advance by CGMA HQ.
- Checks may be made out to the member or the care provider, as determined by the member.
- If this is for a *reimbursement*, a copy of the invoice or receipt should be provided with the CGMA Form 60a (Revised Aug 2020).
- If this is for services *yet to be provided*, a copy of the agreement between the member and the provider should be provided with the CGMA Form 60a (Revised Jun 2020).
- Care may be provided in the family's home, or in out-of-home settings. The CGMA Respite Care Grant may not be used to pay for care provided by a relative or an individual who is also receiving a CGMA Respite Care Grant.
- Additional Respite Care:
 - If additional respite care assistance is needed after the initial three-month period, **one additional** three-month period may be approved.
 - Approval must be obtained in advance.
 - A new CGMA Form 60a (Revised Aug 2020) **must** be completed and financial need must be demonstrated and documented by completing a CGMA Budget Form (CGMA Form 15). Both forms and supporting documentation must be submitted to the CGMA Representative.

Attachment:

- CGMA Form 60a (Revised Aug 2020)