

 **A&D Home Health Care, Inc.**
Waiver Division

**AASA Caregiver Respite Grant
RFP for Adult Day Services/In-Home Respite Grant – FY 2022**

Name of Organization: _____

Date: _____

- A. Business Organization: Indicate whether you operate as an individual, partnership, or corporation; if as a corporation, include the state in which you are incorporated and state the full name and address of your organization. Indicate whether you are licensed to operate in the State of Michigan.

Describe the size and brief history of your organization, and the depth of your experience in the area of service being proposed.

- B. Description of Proposal: Please describe your proposal in detail
- a. **Provide a project overview**
 - b. **Describe the program's measurable objectives. How will they be measured?**
 - c. **How does the program comply with the AASA Operating Standards? Explain.**
 - d. **What impact will the program have on the participants?**
 - e. **Identify the population and priority in which it will be served?**
- C. Personnel-staffing and contact liaison: Describe in detail your proposed staffing to be involved in this program. Please include details on staff training, and verify that you perform a reference and criminal background check on all direct care staff. Indicate who in your organization will be the designated contact person on an ongoing basis, and describe their background and experience.
- D. Costs: Please describe all costs associated with your proposal. Please describe how you will participate in the requirement to offer cost sharing to all recipients of an AASA Caregiver Respite grant. **Before services begin, cost sharing should be adequately explained to the participant. The cost sharing amount will be recorded on the monthly billing report. If a participant does not feel he/she is able to make the payment because of excessive expenses (i.e., medical, housing, etc.), then a more thorough financial evaluation can be made and cost share payments may be adjusted.**

a. Proposed cost per unit hour \$ _____

b. Estimated number of hours of adult day services or in-home respite to be covered under the grant _____ hours

c. Please indicate:

_____ Establishing an adult day care program where none currently exists.

_____ Expanding or enhancing an existing adult day care programs.

_____ Expanding or enhancing an existing respite care programs.

d. Estimated total number of people who will be served in one year _____ people

e. Cost sharing description: On a separate page, please describe the process you will use to offer the option to share in adult day services costs with the people who will use your program: