



Region 12 Caregiver Support Group Information & Agreement

The NWCCOG-Alpine Area Agency on Aging is requiring a budget and signed agreement for caregiver support group funding for State Fiscal Year 2015-2016. This is for caregiver support groups serving the five counties of Region 12 (Eagle, Grand, Jackson, Pitkin, and Summit). You may request as much money for the fiscal year as you believe you need, but this is not a guarantee of funding. There is approximately \$15,000 available for the entire region. All budgets and agreements will be reviewed and some adjustments may be made based on availability of funds and appropriateness of request.

To be funded through the Older American's Act, caregiver support groups must be predominantly composed of participants who are:

- Caregivers providing care for a family member age 60 and older
- Caregivers who are primary residents of Colorado

Please submit a completed budget and signed requirement page via mail, fax, or email by July 31, 2015:

NWCCOG-Alpine Area Agency on Aging
P.O. Box 2308
Silverthorne, CO 80498

Fax: 970-468-1208

E-mail: noc12@nwccog.org

SUPPORT GROUP FACILITATOR AGREEMENT

I agree to the following to receive caregiver support group funds:

- Monthly Submissions
 - Expense reimbursements through the reimbursement website portal are due by the 15th of every month for the previous month's meeting.
Training will be available for the reimbursement website portal.
 - Sign-in sheet. *(Form included, but you can use another format if preferred)*
- New attendees must complete a 2015 Caregiver Assessment Form from the State Unit on Aging, as caregiver support groups are now a registered service *(Form included)*. Assessment forms should be submitted by the 15th of every month for the previous month's meeting.
- Facilitator(s) must pass a background check within one month upon approval of funds, unless background check is already on file. New background checks will be paid for by the AlpineAAA.
- An opportunity will be provided for attendees to voluntarily contribute, per Older American Act guidelines *(AlpineAAA will provide voluntary contribution document)*
- A complement and complaint notice will be provided, per Older American Act guidelines *(AlpineAAA will provide complement and complaint notice document)*
- A current W-9 form on file with the AlpineAAA (for either individual or organization)
- Signed agreement with budget *(Budget form included)*

If you agree to the requirements to receive support group funding, please sign and date below.
Please submit this signed agreement with completed budget.

Caregiver Support Group Facilitator

Date

Return this page to:
Alpine Area Agency on Aging
P.O. Box 2308 • 249 Warren Ave. Silverthorne, CO 80498
Phone 970-468-0295 ext.117 / Fax 970-468-1208 / noc12@nwccog.org