



We Would Like to Add You to Our MyCare Respite Provider Registry!

Are you interested in being a potential respite provider? MyCare is Pony Bird's voucher-based respite program. We are currently adding individuals interested in helping families in Jefferson County by caring for their family member who has a disability so the parent(s) can get a break. If you would like to be added to this registry, you will need to complete an application along with all other relevant paperwork. We hope you will join us in our mission to support families!

There are some basic requirements you must meet to be placed on the Pony Bird MyCare Registry. First, you must enjoy people and have the desire to help families by caring for their child or adult child who has a developmental disability. You also must:

- Be screened through the Missouri Family Care Safety Registry.
- Be able to provide three (3) letters of reference.
- Be at least 18 years old.
- Be able to drive to the family's home unless the family allows you to provide care in your home.
- Be available to share your time with at least one family so they can get a break from their caregiver responsibilities. This will help the parents better manage their stress and be more effective caregivers for a longer period of time.

What is a Developmental Disability?

You may or may not already have some experience in working or being friends with someone who has a developmental disability. Developmental disabilities are often associated with conditions like cerebral palsy, intellectual disability, autism, or a variety of other terms. The majority of people only experience mild challenges but there is a wide range of ability. Some people experience disabilities in learning, and some have physical disabilities while others may experience both. It is not unusual for there to also be special medical concerns as well.

With over 300 individuals enrolled in MyCare it is impossible to paint a picture of a "typical" person needing care. With 300+ people there are 300+ unique levels of ability and interest. There are children as well as adults in the MyCare program. As a person providing respite care you will need to think about your interests and physical limitations. You will need to be

comfortable with the person receiving care and their family. Families can fill you in on specific care needs of their family member but never hesitate to ask questions.

How MyCare Works

MyCare is a voucher-based respite program that is funded by Developmental Disability Advocates, a county tax supported agency and is managed by Pony Bird, a non-profit agency supporting individuals with disabilities for over 40 years. Families are referred by either their state or county service coordinator. Enrolled families are approved for a maximum level of funding they can access each year. When a parent wants to use some of their funding to help with the cost of hiring a respite provider, they obtain a voucher form that shows a maximum value and an expiration date. The family can hire who they want so long as the person meets the requirements listed above. The family schedules the respite directly with the person they hire. After the care takes place both the provider and parent sign the voucher. The parent submits the voucher, and a reimbursement is paid to them for the cost of hiring the provider.

The enrolled families are the employers. Pony Bird does not hire or employ respite providers for MyCare families. Pony Bird places interested individuals who have been screened on a registry that is shared with enrolled families. Families choose, hire, and pay their own providers. Pony Bird will not issue payment directly to any provider. Families set the hourly or daily rate they will pay their provider however unless approved in advance the rate of reimbursement may not be more than \$12/hour up to \$200/day. Families may pay an amount above these rates however they will only be reimbursed up to the set maximum.

How to Obtain a Screening from the MO Family Care Safety Registry (FCSR)

State law requires that all individuals who are providing care like daycare or respite care must be on the FCSR. If you've ever worked at a daycare center, nursing home, home health agency, school, or any agency serving children, the elderly, or those with disabilities, you are probably already on the registry. If so, you will need to call the registry at 1-866-422-6872 and ask for a current screening letter on yourself. You will need to submit this letter before you will be placed on the MyCare Registry or be eligible to be paid by families using MyCare funds. [Note: if you're current employer has obtained a screening letter within the last 12 months, you can obtain a copy to submit to the Pony Bird office.]

If you've never worked in a setting where you would have been placed on MO FCSR, you will need to register yourself. You can do this online by visiting <https://health.mo.gov/safety/fcsr/> .

Before you can register yourself, you will need to make sure you are not already on the registry, so it is important that you follow the instructions provided on the website. There is a \$15.00 one-time fee to register and when you do it online you will be required to use a credit/debit card and pay an additional \$0.55 processing fee. If you prefer, you can print a Worker Registration Form on the website to submit in the mail with a copy of your Social Security card and a check or money order for \$15.00. Once you are on the FCSR you will receive a letter that will need to be submitted before you will be placed on the MyCare Registry. Pony Bird will reimburse you for the cost to get registered if you submit documentation of the cost when you submit your completed application.

Getting Listed in the MyCare Registry

Next, you will complete the MyCare Respite Provider Application. You will need to return the application along with your screening letter from the MO FCSR. You also need to obtain three (3) letters of reference and this packet contains the forms you can use. Please be sure you are writing legibly on the application. If we cannot read your application, it will not be processed, and you will not be added to the MyCare Respite Provider Registry. We hope you will join us in our mission to support families who have a loved one with a developmental disability. You will make a difference, and many find this to be one of the most rewarding experiences possible.



Pony Bird

MyCare Respite Provider Application

| | |
|--|--|
| Name: | |
| Street Address: | |
| City: | State & Zip: |
| <input type="checkbox"/> Cell phone: | <input type="checkbox"/> Other phone: |
| <input checked="" type="checkbox"/> Mark the one you prefer | May families send you a text message? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Email address if you give Pony Bird and families permission to contact you in this manner: | |
| How did you hear about the MyCare Registry? | |

Check any that you have experience or training with:

- | | | |
|--|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Child care | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Intellectual/ Developmental Disability | <input type="checkbox"/> Adult daycare | <input type="checkbox"/> OT |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Home Health Care | <input type="checkbox"/> PT |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Personal Care/Assistant | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Direct Support Staff | <input type="checkbox"/> Tube feeding |
| <input type="checkbox"/> Spina Bifida | <input type="checkbox"/> Seizures | <input type="checkbox"/> Lifting/positioning |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> CPR | <input type="checkbox"/> Wheelchairs |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> First Aid | <input type="checkbox"/> Medication Administration |
| <input type="checkbox"/> Other disability | <input type="checkbox"/> Behavior Disorders | <input type="checkbox"/> CNA |
| <input type="checkbox"/> ABA | | |

Please describe in more detail your experience or training:

Employment Status: (check one)

- Work Full time Work Part time Not working Looking for work Retired

When would you usually be available to do respite care? (check all that apply)

- Daytime Evening Weekends Overnight during the week Overnight on weekends

Where would you prefer to do respite care? in family's home in your home

What areas in Jefferson County will you consider going to do respite care? (check all)

- | | |
|--|--|
| <input type="checkbox"/> Arnold/Imperial | <input type="checkbox"/> DeSoto/Hillsboro |
| <input type="checkbox"/> Barnhart/Pevely | <input type="checkbox"/> Fenton/High Ridge/House Springs |
| <input type="checkbox"/> Festus/Crystal City | <input type="checkbox"/> Cedar Hill/Dittmer |

Do you have any physical limitations? Yes No If yes, please describe:

Maximums are set at \$12/hour and \$200/day for MyCare reimbursement. What amounts will you expect families to pay you?

How much per hour? \$_____ How much for full day and overnight? \$_____

Families contact and coordinate all details with the people they hire. The registry will only be made available to enrolled families requesting it. It may be shared in print, electronically, or on the Pony Bird website. Some of the information you provide will be included in your listing. You may request that access to your information be limited but this will limit your opportunities.

- Include in all print and online listings.
- Do not publish my contact information but try to match me with one family only
- Only Pony Bird staff may contact me.

By signing below I verify that the information contained in this form is accurate. I am requesting that Pony Bird include the information on this form in their MyCare Registry and that my information may be shared with enrolled families in the manner I have indicated. I understand that I need to provide any changes in my contact information and that I may request to be removed from the registry at any time. I understand I will not be an employee of Pony Bird when providing respite care but will be the employee of the family that hires me. The families I work for will be responsible for paying me and I understand that some may not be able to pay me until they receive payment on the voucher they submit.

Signature

Date

Return the following:

- Registration Form
- 3 reference forms (No more than 1 may be related to you.)
- Screening letter from the MO FCSR
- A recent photo (optional)

Mail completed packet to:
Pony Bird/Family Supports
3655 Baptist Park Road
Festus, MO 63028

If you have questions, call or email:
FamilySupports@ponybird.org
Or
636-232-1414



MyCare Respite Provider Reference Form

Pony Bird has a registry of people interested in providing respite care for individuals who have a developmental disability. The person named below is required to submit three references as part of the screening process to be listed on this registry. Please answer the questions below and provide your recommendation regarding this individual.

Name of person wanting to be listed in the MyCare Registry: _____

1. How long have you known this person? _____
2. How do you know this person?
 - Former/current employee
 - My former/current employer
 - Co-worker
 - Other business associate
 - Has done care for someone in my family
 - Neighbor
 - Personal Friend
 - Related; What is relationship? _____
 - Other: _____
3. Do you consider this person reliable?
 - Yes No
4. Would you recommend this person to a family considering hiring him/her to care for their family member with a disability?
 - Yes No Yes, with the right match
5. Please describe anything else you would like to share about this person. (Use back if needed.)

Signature

Printed Name

Date

Your email address:

Your daytime phone:



MyCare Respite Provider Reference Form

Pony Bird has a registry of people interested in providing respite care for individuals who have a developmental disability. The person named below is required to submit three references as part of the screening process to be listed on this registry. Please answer the questions below and provide your recommendation regarding this individual.

Name of person wanting to be listed in the MyCare Registry: _____

1. How long have you known this person? _____
2. How do you know this person?
 - Former/current employee
 - My former/current employer
 - Co-worker
 - Other business associate
 - Has done care for someone in my family
 - Neighbor
 - Personal Friend
 - Related; What is relationship? _____
 - Other: _____
3. Do you consider this person reliable?
 - Yes No
4. Would you recommend this person to a family considering hiring him/her to care for their family member with a disability?
 - Yes No Yes, with the right match
5. Please describe anything else you would like to share about this person. (Use back if needed.)

Signature

Printed Name

Date

Your email address:

Your daytime phone:



MyCare Respite Provider Reference Form

Pony Bird has a registry of people interested in providing respite care for individuals who have a developmental disability. The person named below is required to submit three references as part of the screening process to be listed on this registry. Please answer the questions below and provide your recommendation regarding this individual.

Name of person wanting to be listed in the MyCare Registry: _____

6. How long have you known this person? _____

7. How do you know this person?

- Former/current employee
- My former/current employer
- Co-worker
- Other business associate
- Has done care for someone in my family
- Neighbor
- Personal Friend
- Related; What is relationship? _____
- Other: _____

8. Do you consider this person reliable?

Yes No

9. Would you recommend this person to a family considering hiring him/her to care for their family member with a disability?

Yes No Yes, with the right match

10. Please describe anything else you would like to share about this person. (Use back if needed.)

Signature

Printed Name

Date

Your email address:

Your daytime phone: