



LIFESPAN RESPITE CARE GRANT PLANNED, UNPLANNED AND EMERGENCY RESPITE CARE AUTHORIZATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
AGING SERVICES DIVISION
SFN 565 (10-2019)

Name of Agency Submitting Request	
Name of Person Submitting Request	
Name of Caregiver	
Name of Care Recipient	
Name of Individual or Agency That Will Provide Respite Care	
Action Taken <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Amount of Respite Approved \$
Comments	

By checking this box and typing my name below, I am signing this document electronically. I agree that my electronic signature is the legal equivalent of my manual/handwritten signature. I further agree to receive, obtain, and/or submit documents and information relating to the Lifespan Respite Care Grant Service electronically. I understand I may request a paper version of this and other documents and I have the right to withdraw my consent to electronic delivery.

Aging Services Division Program Administrator	Date
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