



Dear Potential Respite Provider,

This letter explains to you the process of becoming a Respite Provider through Community Mental Health of Ottawa County (CMHOC). Please complete the documentation included with this letter and return to the CMHOC Respite Coordinator. If you have questions, please contact us at the contact information below.

Please note: All of the following information must be received prior to your providing respite services. Payment for services will not be provided until you have received a letter of confirmation from CMHOC.

You can find the below documents at: <http://www.miottawa.org/health/cmh/respite.htm>.  
New Respite Provider **required** documentation:

- Respite Provider Registration
- Respite Provider Agreement
- Criminal Background Check
- Respite Share Information
- Recipient Rights Training Test
- Basic first Aid Test
- Infectious Diseases Test
- W-4 Form
- MI-W-4
- I-9 form
- Provide copies of two forms of identification (required by Federal law)
  - Photo ID (Driver's license or State ID Card)
  - Copy of your Social Security Card OR copy of your Birth Certificate.

Please return the documents to the CMH Respite Coordinator by one of the following methods:

1. Print, sign, scan and e-mail documents to [cmhrespite@miottawa.org](mailto:cmhrespite@miottawa.org).
2. Print, sign and fax documents to 616-393-5657 **Attn: Liz Krontz/Respite**
3. Print, sign and mail documents to OCCMH **Attn: Liz Krontz/Respite** 12265 James St. Holland, MI, 49424.

After your registration packet is processed, you and your family/employer will be notified by mail or e-mail of your approval date. You will receive additional information about the fiscal intermediary process and payment voucher forms.

If you have any questions or concerns, please contact the CMH Respite Coordinator at 616-494-5446 or [cmhrespite@miottawa.org](mailto:cmhrespite@miottawa.org).