



**AUTUMN HOUSE FOUNDATION**  
**Release Form**

*I understand the role of the Autumn House Foundation is solely to provide assistance in the form of financial reimbursement for: (check one)*

*Respite Care*

*Travel or Lodging*

*The Autumn House Foundation provides neither management nor direction for either above services received by me or by any member of my family. Accordingly I release the Autumn House Foundation from any responsibility for any care provides or services received.*

**Signature of Primary Caregiver or Family Member:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return this completed form to the Autumn House Foundation using the contact information listed below:

Autumn House Foundation  
Attn: Reimbursement  
1609 N Street  
Lincoln, NE 68508

Reimbursement for Respite Care or Travel / Lodging cannot be processed until this form is signed and received at the Autumn House Foundation office. Thank you.