PLEASE READ ALL INFORMATION INCLUDED IN THIS GRANT APPLICATION

Dear Caregiver:

Alzheimer's Arkansas is pleased to provide you with information about the ***2014-2015 Family Caregiver Support Program.*** Funding for this program is provided by the Older Americans Act, National Family Caregiver Support Program, Title IIIE Funds. These funds were awarded to CareLink (the Central Arkansas Area Agency on Aging) for distribution throughout the six counties in their service area (Pulaski, Saline, Monroe, Prairie, Lonoke, or Faulkner). CareLink selected Alzheimer's Arkansas Programs and Services to administer the program. CareLink cannot be considered a provider for respite or adult day care services to participants of this grant.

All information on the application must be filled out or it will be denied and returned delaying approval. It takes up to 15 business days to process the application.

This grant can ONLY be used for RESPITE CARE, which is defined as a short-term break for the caregiver. Respite care may be provided in the home, adult day care center, nursing home or assisted living facility.

This grant does not pay the caregiver to take care of the care recipient (patient). The caregiver must hire a care provider to take care of the care recipient (patient) while the care giver takes a break.

Requirements: the care recipient (patient) must

- be 60 years of age or older
- live in the CareLink service area of Pulaski, Saline, Monroe, Prairie, Lonoke or Faulkner counties
- be certified by his/her physician to have a chronic illness and therefore have a need for caregiver services. The patient does not have to be diagnosed with dementia
- not receive the same type of service (home care, day care, facility respite) funded by any other source including, but not limited to private insurance, Medicaid, ElderChoices, Supplemental Security Income, Medicare or hospice
- Authorization to Release Information form must be signed and mailed with application
- the amount of financial assistance that is given to one family is $500.00 per 6 months in a fiscal year.

Applications are limited to:

- **Caregivers** – one approved grant in a 6 month period per a fiscal year
- **Grant Provider** – one approved grant in a 6 month period per a fiscal year, exception is if the provider is a company or organization.
- **Grant Recipient [patient]** – one approved grant in a fiscal year

The grant will not be effective until after you receive an approval letter from our office—no services will be paid prior to the approval date. After the grant is approved, **you will have 3 months to use the funds.** If you have not used the funds, you will lose the grant and it will be reassigned. We apologize for any inconvenience this may cause, but it is necessary because of our limited funds.

Please do not hesitate to call me if you have questions.

Sincerely,
Belinda Pedigo
Grants Coordinator

ALZHEIMER'S ARKANSAS PROGRAMS AND SERVICES
201 Markham Center Drive • Little Rock, AR 72205-1409
501-224-0021 or 800-689-6090 • Fax: 501-227-6303 • Web site: www.alzark.org

Definitions and Report Requirements for Reimbursement

Adult Day Care: Provides respite care in a structured setting for persons who cannot be left alone. There are two types of adult day care models. One is a "health" model in which a registered nurse and/or certified nursing assistants deliver the services. The other is a "social" model where the services offered are similar to those of a regular senior center, but with a more structured program of activities.
Must submit: "Respite Services Log" or an invoice from the adult day care center

Caregiver: The person who is taking the responsibility for the *care recipient.*

Care Provider: The person or agency who is hired by the *caregiver* to provide the care of the patient (*care recipient*). The *provider* may be an in-home worker (individual or agency), an adult day center or a nursing/assisted living facility. The *provider* may not be anyone living with the patient (*care recipient*).

Care Recipient: The patient; the person receiving the care.

Facility Care: A temporary short-term break for the caregiver that is provided in a nursing home or assisted living facility.
Must submit: Invoice from the facility

Home Care: Services are provided in the home and may include home delivered meals, housekeeping services, sitter services and personal care.
Must submit: "Respite Services Log" or invoice from the agency providing the care

Respite Care: A short-term break for the caregiver. Care may be provided in the home, in adult day care center or in a nursing home or assisted living facility.
Must submit: "Respite Services Log" or an invoice from the respite care provider agency

If sending in a "Respite Services Log" a copy of the care provider's driver's license must accompany the log!

CareLink cannot be considered a provider for respite or adult day care services to participants of this grant.

CareLink contracts with Alzheizer's Arkansas to provide some senior services. Statistical and demographic information about you may be released to entities providing funding for services that you receive. Information will be disclosed in accordance with the CareLink Notice of Privacy Practices. Also, you may receive marketing or fundraising materials from CareLink. To opt out please follow instructions in the Carelink Privacy Policy available at www.carelink.org or by mail upon request at PO Box 5988, North Little Rock, AR 72119.

If you have any questions regarding your grant, please do not hesitate to contact me.
Belinda Pedigo, Grant Coordinator
(501) 224-0021 or 800-689-6090

Alzheimer's Arka[illegible]
Programs [illegible]

Family Caregiver Support Program
Application for Assistance
(Grant Year 7/01/14 – 6/30/15)

Grant # A14-________
CG________
CR________
CP________
Ref________
Office Use Only

IT WILL TAKE UP TO 15 BUSINESS DAY S TO PROCESS THE APPLICATION

PLEASE FILL OUT ALL INFORMATION REQUIRED AND PRINT CLEARLY; INCOMPLETE APPLICATIONS WILL BE DENIED!

If you have not used this grant within 3 months from your approval date, you will lose the grant

Has the caregiver received this grant before? Yes or No

Caregiver Full Name________________ Relationship: ________
[The caregiver is the person taking responsibility for the care recipient]

Mailing Address________________________
(PO Box, Street Name, Apartment Number)

Home ( ) ________
Cell ( ) ________

(City) (County of Residence) (Zip Code) (Area Code) (Telephone)

Physical Address ________________________
(If different from above mailing address)

Email Address ________________________

Gender: ___Female ___Male SSN #____/____/____ Date of Birth ____/____/____

Marital Status	Ethnicity - Check One	Ethnic Races - Check One
____ Widowed	___Hispanic or Latino	___White
____ Married	___Not Hispanic or Latino	___Black/African American
____ Divorced	___Unknown	___American Indian/Native American
____ Single		___Asian
____ Legally Separated		___Hispanic ___Other

Has the care recipient (patient) received this grant before? Yes or No

Care Recipient's [Patient] Full Name ________________________

Care Recipient's [Patient] Address, if different from **Caregiver's** address above:

Mailing Address________________________
(PO Box, Street Name, Apartment Number)

Home ( ) ________

City (County of Residence) (Zip Code) (Area Code) (Telephone)

Physical Address________________________
(If different from above)

Gender: ___Female ___Male SSN #____/____/____ Date of Birth ____/____/____

Marital Status	Ethnicity Check One	Ethnic Races Check One
____ Widowed	___Hispanic or Latino	___White, non-Hispanic
____ Married	___Not Hispanic or Latino	___Black/African American
____ Divorced	___Unknown	___American Indian/Native American
____ Single		___Asian
____ Legally Separated		___Hispanic ___Other

Care Recipients' monthly household income: $________________

Total of monthly income of all living in household: $________ How many live in household ____

Alzheimer's Arkansas Programs and Services
201 Markham Center Drive ~ Little Rock, AR 72205
Phone: 501-224-0021 or 800-689-6090
Fax: 501-227-6303

Alzheimer's Arkansas Programs and Services does not discriminate on the basis of race, color national origin, sex, religion, age or disability in employment or the provision of services

PLEASE FILL OUT ALL INFORMATION REQUIRED AND PRINT CLEARLY; INCOMPLETE APPLICATIONS WILL BE DENIED!

PHYSICIAN CERTIFICATION – A practicing, certified physician or other qualified healthcare provider must diagnose the patient with a chronic illness and therefore has a need for care provider services. The date, diagnosis and Dr.'s signature must be included with this application and must be written on the professional's stationary or prescription pad. **The Physician Certification MUST accompany the grant application!**

Does the care recipient [patient] live: alone _____ with spouse _____ with children _____ with other family_____
Or with ____

If care recipient [patient] lives alone who takes care of her on a daily basis? ______________________________
Can the care recipient [patient] perform the following activities of daily living without substantial human assistance (walker or cane is permitted)? Circle Y for yes or N for no for each one.

Bathing Y or N / Dressing Y or N / Grooming Y or N / Toileting Y or N / Eating Y or N / Walking/Transfer Y or N

Does Care Recipient have Alzheimer's disease or another type of dementia? Yes_____ No_____

Is the Care Recipient homebound? Yes_____ or No_______
If No: Can leave home **without** assistance? ______ or Can leave home **with** assistance? ______

Describe your need for services. **YOU MUST BE SPECIFIC!**

Respite care provides temporary relief to the caregiver who is providing long term care for an individual. It may be provided in and/or outside the person's home to meet an emergency need or as scheduled relief.
What kind of respite care would benefit your family?
____ In-Home Care _____ Adult Day Care _____ Short Term stay in nursing home or assisted living

---

Does your loved one receive **respite services** from any other funding sources, including, but not limited to: Private health insurance, Medicare, Medicaid, Hospice, ElderChoices, Independent Choices, CareLink, Dept. of Human Services, Health Department or Supplemental Security Income? **Authorization to Release Information form must be signed and mailed with application!** ______NO
______YES, **if YES, please explain: Who pays for the service and What kind of service are they receiving?**

Care Provider [the individual or agency that is hired to provide the care or services for the care recipient]: Please list the name, address, & phone number of the individual or agency who will be providing the service. This is **NOT** the same as the "Caregiver", must be someone who does NOT live with the patient and must be over 18 years of age.

I have read and completed the above application and, to the best of my knowledge, the information I have provided is correct. I authorize verification of the information provided in this application.
I understand that:

- my grant may be cancelled if I have made any false or incomplete statements in this application, either about myself or on behalf of the recipient, and grant funds may be subject to recoupment.
- Alzheimer's Arkansas is not liable for any negligent services by a provider of my choice
- payment will not be made on services completed prior to my application approval date
- I must submit the proper records in order to receive reimbursement
- payment for services is limited to the funds that are available.
- False or incomplete statements or any other misrepresentation or failure to follow grant stipulations may result in being banned from receiving grant funds and/or lead to prosecution for fraud.

_____________________________________ ______________________
Signature of **Caregiver** Date

*Funding for this program is provided by the **Older Americans Act, National Family Caregiver Support Program, Title IIIE Funds.** These funds were awarded to CareLink (the Central Arkansas Area Agency on Aging) for distribution throughout the six counties in their service area (Pulaski, Saline, Monroe, Prairie, Lonoke and Faulkner) and are administered by Alzheimer's Arkansas Programs and Services.*

Alzheimer's Arkansas Programs and Services
201 Markham Center Drive ~ Little Rock, AR 72205
Phone: 501-224-0021 or 800-689-6090
Fax: 501-227-6303

Alzheimer's Arkansas Programs and Services does not discriminate on the basis of race, color national origin, sex, religion, age or disability in employment or the provision of services

AUTHORIZATION TO RELEASE INFORMATION

This completed form MUST accompany the grant application!

PATIENT'S NAME: ____

DATE OF BIRTH: ______/________/________ SOCIAL SECURITY NUMBER:______/________/________

I hearby authorize Alzheimer's Arkansas Programs and Services to obtain from the following agency information pertaining to me receiving respite care services. Respite Care Services is considered a short term break for the caregiver and may be provided in the home by an agency or an individual; in an adult day care center or in a short term stay in a nursing home or assisted living facility.

Agency:
Department of Human Services regarding Elder Choices or Independent Choices

I understand that my authorization will remain effective from the date of my signature until ____________,
(4 months from the date of application completion)
and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I have read and understand the nature of this release.

____ ____________________

Signature of Patient / Patient's Designated Representative Date

____ ____________________

Witness Date

Alzheimer's Arkansas Programs and Services

Family Caregiver Support Program
Policies and Procedures
(Grant Year 7/01/14 – 6/30/15)

CareLink Resources for Older People and Their Families

KEEP THIS SHEET FOR YOUR RECORDS

Funding for this program is provided by the Older Americans Act, National Family Caregiver Support Program, Title IIIE Funds. These funds were awarded to CareLink (the Central Arkansas Area Agency on Aging) for distribution throughout the six counties in their service area (Pulaski, Saline, Monroe, Prairie, Lonoke, or Faulkner). CareLink selected Alzheimer's Arkansas Programs and Services to administer the program. CareLink **cannot** be considered a provider for respite or adult day care services to participants of this grant.

All information must be filled out on the application or it will be denied and returned which will delay the grant being approved.

Who can receive the grant?

A person who:

- is 60 years of age or older;
- lives in the CareLink service area of Pulaski, Saline, Monroe, Prairie, Lonoke, or Faulkner County
- is certified by his/her physician to have a chronic illness and therefore have a need for caregiver services.
- does not receive the same type of services (home care, day care, facility respite) funded by any other source including, but not limited to private insurance, Medicaid, ElderChoices, Supplemental Security Income, Medicare, or Hospice.
- Authorization to Release Information form must be signed and mailed in with application.
- respite services must be received after approval of the application.
- the amount of financial assistance that is give to ONE family is $500.00 per fiscal year.

Applications are limited to:

- **Caregivers** – one approved grant in a 6 month period per a fiscal year
- **Grant Provider** – one approved grant in a 6 month period per a fiscal year, exception is if the provider is a company or organization.
- **Grant Recipient [patient]** – one approved grant in a fiscal year

How much is the grant?

- The grant is $500.00 per year. Grants are limited to funds available.

How long do I have to spend it?

- **The grant must be used with in 3 months of the approval date, but no later than June 30 of the current fiscal year or you will lose the grant!**

What will the grant pay for?

- The grant may be used to pay for **respite care services** (in-home care, adult day care, facility care). It is the responsibility of the caregiver to choose the service(s) needed.
- **Respite Care**: A short-term break for the caregiver. Care may be provided in the home, in adult day care center or in a nursing home or assisted living facility.
- **Adult Day Care:** Provides respite care in a structured setting for persons who cannot be left alone.
- **Facility Care**: A temporary short-term break for the caregiver that is provided in a nursing home or assisted living facility.
- **Home Care**: Services are provided in the home and may include home delivered meals, housekeeping services, sitter services and personal care.

What will the grant NOT pay for?

- The grant is for families who take care of a chronically ill family member. It cannot be used to give the employee of a respite home/center a vacation.
- The grant is for respite care only and cannot be used for such thing as medications, utility bills or home repairs.
- The grant cannot be used to pay the caregiver to take care of the care recipient (patient). The caregiver must hire a care provider to take care of the care recipient (patient) while the caregiver takes a break.

How Does the Grant Pay for Services?

- When a grant is approved, the caregiver will receive a letter from Alzheimer's Arkansas advising them of the amount of funds that are available for use.
- If an agency, adult day care or facility is to be the provider, the provider will also receive a confirmation letter. Friends, family, etc., providing respite care will not receive a letter.

Alzheimer's Arkansas Programs and Services
201 Markham Center Drive
Little Rock, AR 72205
Phone: 501-224-0021 or 800-689-6090
Fax: 501-227-6303

Alzheimer's Arkansas Programs and Services does not discriminate on the basis of race, color national origin, sex, religion, age or disability in employment or the provision of services

- Services must be purchased after the grant is approved. Fees for services provided prior to grant approval will not be paid.
- The agency/person providing the service can bill Alzheimer's Arkansas directly **OR** the caregiver may submit a completed "Service Log" (furnished by Alzheimer's Arkansas) specifying who is to receive the check and Alzheimer's Arkansas will pay the care provider directly or reimburse the caregiver. **A copy of the care provider's driver's license must accompany the service log.**
- Payment or reimbursement will usually be within 15 business days from the date the Service Log or invoice is received in the Alzheimer's Arkansas office.

CareLink contracts with Alzheizer's Arkansas to provide some senior services. Statistical and demographic information about you may be released to entities providing funding for services that you receive. Information will be disclosed in accordance with the CareLink Notice of Privacy Practices. Also, you may receive marketing or fundraising materials from CareLink. To opt out please follow instructions in the Carelink Privacy Policy available at www.carelink.org or by mail upon request at PO Box 5988, North Little Rock, AR 72119.

LIABILITY

Alzheimer's Arkansas Programs and Services cannot make recommendations on which provider to choose and is not liable for services rendered to the patient or caregiver.

Grievance Procedures

Alzheimer's Arkansas Programs and Services clients may file a grievance or seek resolution of a complaint or concern without fear of retaliation or discontinuation of service. Every client and/or caregiver can be assured that they will be treated with dignity and respect.

WHO MAY APPEAL:
Any person (or their caregiver) who is receiving or has applied for services provided directly by Alzheimer's Arkansas Programs and Services Family Caregiver Support Program.

WHAT YOU MAY APPEAL:
Any decision concerning Family Caregiver Support Program services provided by Alzheimer's Arkansas Programs and Services with which you disagree.

WHERE TO SEND YOUR APPEAL OR GRIEVANCE:

Alzheimer's Arkansas Programs and Services
Grievance Review
201 Markham Center Drive
Little Rock, AR 72205

HOW TO APPEAL:

1. You are encouraged to discuss any concerns with the Alzheimer's employee assigned to handling your initial request. You should request a conference with this employee before formal grievance procedures are initiated.
2. Should this meeting result in an adverse action or decision, you may request, in writing, reconsideration from the Executive Director. This request is to be made within 7 calendar days of the adverse decision.
3. Within 7 calendar days of receipt of your request, the Executive Director will schedule a reconsideration conference to hear your complaint. A decision concerning your reconsideration will be postmarked within 7 days of the conference.
4. If you are not satisfied with the Executive Director's decision, you have 7 calendar days to request, in writing, a formal hearing before the Executive Committee of the Board of Directors.
5. The Executive Committee will notify you within 7 calendar days of the date, time and place of the hearing. You may be present at the hearing, present evidence and witnesses and cross-examine adverse witnesses.
6. Within 7 calendar days of the hearing, the Executive Committee will mail its findings and decision.
7. If you are dissatisfied with this decision, you may contact CareLink and the Arkansas Division of Aging and Adult Services.

NOTE: Upon written, mutual agreement between client and Alzheimer's Arkansas staff, any or all steps of the Grievance Procedure may be omitted and/or time frames extended. If unable to read and/or write, or if you have a language barrier, Alzheimer's Arkansas will assist you in locating necessary assistance to complete the prescribed procedures.