1) Eligibility
The care recipient (patient) must
- Reside in Arkansas
- Live independently or with family (not in a full-time care facility)
- Require the assistance of a caregiver for daily functions
- Have an official diagnosis of any dementia (including mild cognitive impairments) on a physician’s official letterhead or prescription pad

2) APPLICATION
The amount of financial assistance given per grant approval is $350. A family may receive this grant twice in a calendar year (January 1st to December 31st). For questions, or to request/download an application, call 501-224-0021, visit ALZark.org/grants, or email grants@ALZark.org. A current application dated 1/1/2020 – 12/31/2020 must be submitted.

3) APPROVAL
All information on the application must be completed, signed, and include a diagnosis of dementia (including mild cognitive impairments) on official letterhead or prescription pad. It may take up to 10 business days to process your application. Completed applications can be mailed to Alzheimer’s Arkansas at 201 Markham Center Drive, Little Rock, AR 72205, emailed to grants@ALZark.org, faxed to 501-227-6303, or hand-delivered to our office at the address above.

4) Grant Coverage
Once approved, grant funds may be used for the following items:
- Respite care services (in-home, adult day care, and/or short term stay in a facility)
- Homecare supplies
- Caregiver mental health counseling
- Minor home modifications (with prior approval)
- Senior legal services
- Utility bills (only: gas, electric, water/sewage, garbage)
- Other services to reduce caregiver stress (i.e. home cleaning, cooking, yard work, etc.)

5) Grant Payment
Once approved, grant funds will be paid in full via check received with the approval letter. After receipt of grant check and use of funds, applicants must submit a Follow-Up Survey Log no later than 90 days after the approval date. Failure to return this survey will result in the loss of eligibility for all future grants offered by Alzheimer’s Arkansas for the caregiver AND care recipient associated with the grant. 2020 FAP grant payments will only be made payable to the personal caregiver listed on the application.

FAP Grants are limited to the amount of funds available and cannot be guaranteed through the entirety of the year. Alzheimer’s Arkansas does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age or disability in employment or the provision of services.
FAMILY ASSISTANCE PROGRAM GRANT (FAP)
FOR GRANT YEAR – 1/1/2020 – 12/31/2020
ALL FIELDS ARE REQUIRED AND INCOMPLETE APPLICATIONS MAY BE DENIED.

Caregiver Information:
- Full Name: __________________________
- Address: ________________________________
- City: ___________________ State: ______ Zip:_____ 
- Phone: _________________________________ 
- Email: _____________________________
- DOB: __________________

Gender: □ Male □ Female
Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino
Marital Status: □ Widowed □ Married □ Divorced □ Single □ Legally Separated
Race: □ White □ Black/African American □ American Indian □ Asian □ Hispanic □ Other

Hours of care you provide daily: _______________________
Relationship to patient: _____________________________
How did you hear about this grant? __________________

Care Recipient (Patient) Information:
- Full Name: __________________________
- Address: ________________________________
- City: ___________________ State: ______ Zip:_____ 
- Phone: _________________________________ 
- Email: _____________________________
- DOB: __________________

Gender: □ Male □ Female
Ethnicity: □ Hispanic or Latino □ Not Hispanic or Latino
Marital Status: □ Widowed □ Married □ Single □ Other
Race: □ White □ Black/African American □ American Indian □ Asian □ Hispanic □ Other

Does the patient live in a rural area: □ Yes □ No
Does the patient live alone: □ Yes □ No

Diagnosis: ___________________________________
Copy of diagnosis from your physician must be included.

For what kind of Assistance are you applying?
- □ In-home Care □ Adult Daycare □ Short Term Facility Stay □ Homecare Supplies □ Home Modifications (explain below)
- □ Legal Services □ Mental Health Counseling □ Utility Bill (gas, electric, water/sewage, garbage)
- □ Other (explain) ____________________________________________

Your privacy is important to us, please visit ALZark.org/grants to view our full privacy statement. Are there any individuals, other than you, with whom we may share grant information? ____________________________________ __________________________________________________________________________

Acknowledgement
I have read the above information and completed the application. The information I provided is correct to the best of my knowledge. Furthermore, I understand the following:
- My grant may be cancelled if I have made any false or incomplete statements
- Alzheimer’s Arkansas is not liable for any negligent services by the provider of my choice
- If used for utility payment, Alzheimer’s Arkansas is not held liable for any late or reconnection fees
- Payment will not be made on services completed prior to my application approval date
- If approved, I will receive a follow-up survey with my approval letter and check that MUST be completed and returned within 3 months through which I will explain how the grant funds were used
- If I do not complete the follow-up survey, I will no longer be eligible for ANY grants offered by Alzheimer’s Arkansas
- Grant availability is limited to the funds available and are not guaranteed
- It may take up to 10 business days to process my application
- Application submissions do not guarantee an approval

_________________________________________   __________________________________
Signature of Caregiver          Date

201 Markham Center Drive, Little Rock, AR 72205  
(501) 224-0021 | TF: (800) 689-6090 | Fax: (501) 227-6303  
grants@alzark.org • ALZark.org/grants

Alzheimer’s Arkansas does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age or disability in employment or the provision of services.