

## 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 (must be stated on the diagnosis)
- Have an official and signed diagnosis of any dementia on a physician's letterhead or prescription pad (mild cognitive impairment is not an eligible diagnosis)

## 2) APPLICATION

The amount of financial assistance given per grant approval is **\$350**. A family may receive this grant **twice** in a calendar year (90 days between applications/approvals), if funds are available. For questions, or to request/download an application, call 501-224-0021, visit [ALZark.org/grants](http://ALZark.org/grants), or email [grants@ALZark.org](mailto:grants@ALZark.org). **current application dated 1/1/2021 – 12/31/2021 must be submitted.**

## 3) APPROVAL

**All information** on the application must be completed, signed, and include a diagnosis of dementia 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](mailto:grants@ALZark.org), or faxed to 501-227-6303.

## 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.** 2021 FAP grant payments will only be made payable to the personal caregiver listed on the application and mailed to the address provided.

**Caregiver Information (unpaid family/friend caregiver):**

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

**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: \_\_\_\_\_  
 DOB: \_\_\_\_\_

**Gender:**  
 Male  
 Female

**Ethnicity:**  
 Hispanic or Latino  
 Not Hispanic or Latino

**Marital Status:**  
 Widowed  
 Married  
 Single  
 Divorced

**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  
 Legal Services     Mental Health Counseling     Utility Bill (gas, electric, water/sewage, garbage)

**\*\*Any other uses must be approved by the grant coordinator prior to grant approval**

**Your privacy is important to us, please visit [ALZark.org/grants](http://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
- This grant cannot be used to pay the caregiver applying (above) for their caregiving duties

Signature of Caregiver \_\_\_\_\_

Date \_\_\_\_\_