



About Us

Alzheimer's Arkansas Programs and Services was first incorporated in 1984 as the "Alzheimer's Support Group of Central Arkansas," with the purpose of providing information and support to persons with dementia and their caregivers. Later, the group of volunteer leaders joined the national Alzheimer's Association. In 2002, the Board of Directors elected to disaffiliate from the national association to become Alzheimer's Arkansas Programs and Services.

Our mission is to help family caregivers in Arkansas whose loved ones are affected by Alzheimer's disease and other forms of dementia.

Alzheimer's Arkansas is an independent nonprofit organization. Our volunteer Board of Directors is composed of local community members, our services are free, and our funds are spent **ONLY** in Arkansas.

While our office is located in Little Rock, we travel all across the state to reach families who need our information and support.

Our programs and services include:

- Toll-free 24-hour telephone support for caregivers
- Support groups
- Caregiver education sessions
- In-service training for professional caregivers
- Community awareness presentations
- Financial assistance for caregivers
- A lending library of printed and video materials

Office Hours

M-F 8:30am to 4:30pm.

Phone

501.224.0021

24/7 Caregiver Hotline

800-689-6090

Email

info@alzark.org

We're always monitoring and answering our emails!

Location

201 Markham Center Dr
Little Rock, AR 72205



About our Programs

Alzheimer's Arkansas offers different types of programs to help caregivers.

Support Groups

We have over 50 support groups across the state. You can find a support group in your area by going to alzark.org. **Due to COVID, our support groups have not been meeting in person.** We have added some virtual options for caregivers!

Online Facebook Support Group

This is a private group and only for personal unpaid caregivers. You can post questions, stories, and chat with caregivers all over the state. This group is very engaged and ready to help. Our staff is always there to moderate and help point you in the right direction. Visit our facebook page and click groups to join!

Coffee with Gigi and Carolyn

Coffee with Gigi and Carolyn is a zoom support group designed to be a safe space for caregivers to vent, talk, and share their stories alongside our trained staff. Grab your cup of coffee the last Tuesday of every month and join our Executive Director Carolyn and Education and Outreach Manager Gigi for an hour that will lift your spirits and give you the tools to keep going. Learn more about this zoom support group meeting at alzark.org.

Grants

We offer three different grants throughout the year. These grants are designed to provide respite care, help with expenses, and offer peace of mind. Learn more about our grants on the grant comparison sheet in this binder or go to alzark.org/grants.

Educational Resources

Alzheimer's Arkansas offers several different educational opportunities to help caregivers on their journey. Whether you are looking for workshops, guest speakers, or in-service training, we have options to meet your needs.

Hope Caregiver Workshops

These workshops happen around the state throughout the year. Topics include:

- Financial planning
- Estate planning
- Research
- Navigating homehealth
- And more

Caregivers will be able to interact with a variety of vendors to learn about services in their area. Professionals can attend the workshop for continuing education hours. Learn more at alzark.org.

Let's Talk

You've got questions. We've got answers. Let's Talk is your chance to talk with experts about topics important to you as caregivers. Our goal is to lead a conversation not a lecture. Throughout the program you will have chances to ask questions and engage in meaningful dialogue to get your questions answered. You'll be able to learn more about home health, insurance and medicaid, what resources are available, research, and much more. **Catch Let's Talk on the 3rd Thursday of every month at 2 PM on our Facebook page or at alzark.org/live.**

Other Educational Programming

You can request our staff for the following types of education as well:

- Presentations and In-service training for professional caregivers
- Community awareness presentations and in-service trainings

Learn more about our educational programs and everything else we have to offer at alzark.org.

2021 Caregiver Grant Comparison

***Please visit our website or contact our office for the most accurate grant availability.**

	CareLink Caregiver Support Grant	Family Assistance Program Grant
Grant Amount/Frequency	\$500.00 twice per year *6 months between applications	\$350.00 twice per year *90 days between applications
Age Requirements	Patient must be 60 years or older.	Patient can be of any age.
Grant Area	Patient must reside in Pulaski, Faulkner, Saline, Lonoke, Prairie or Monroe county.	Patient must reside in Arkansas.
Diagnosis Certification <i>*Dated within 12 months of the current year</i>	A diagnosis must be signed by a physician, written on their stationary or prescription pad & must state the patient requires a daily caregiver	A diagnosis must be signed by a physician, written on their stationary or prescription pad & must state the patient requires a daily caregiver
Diagnosis	Specifically state any chronic illness that requires a caregiver	Specifically state any form of Dementia, including Parkinson's & Alzheimer's
Eligible Services Covered	Respite care only to provide temporary relief to the caregiver. Respite care may be provided in the home, at an adult daycare, or through a short-term stay in a nursing home or assisted living facility.	Respite Care, minor home modifications with prior approval (i.e. installation of bathroom grab-bars), legal services, incontinence supplies, nutritional/dietary supplements, utility bills (electric, gas, water/sewage, garbage), and other items with prior approval that help relieve caregiver stress.
How to Apply	Complete an application and deliver, email, fax, or mail to the Alzheimer's Arkansas office.	Complete an application and deliver, email, fax, or mail to the Alzheimer's Arkansas office.
Application Processing Timeframe	Up to 10 business days after receipt of completed application.	Up to 10 business days after receipt of completed application.
Grant Period	Grant funds must be used 3 months from approval date.	A follow-up survey must be returned within 3 months from approval date. <i>Failure to return this survey will result in the inability to apply for future grants.</i>
Payment or Reimbursement	Reimbursement within 15 business days upon receipt of respite log or service provider invoice is received.	Grant payment is issued upon approval.

***Only one grant can be open within our organization at any given time.**

****All applications, respite logs, follow-up surveys, and invoices can be mailed, emailed, or hand delivered. Grants are limited to the amount of funds available. Alzheimer's Arkansas does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age or disability in employment, for granting, or for the provision of services**

2021 Caregiver Grant Comparison

*Please visit our website or contact our office for the most accurate grant availability.

	DHS Lifespan Respite Grant	Emergency Response Grant (COVID-19)
Grant Amount/Frequency	\$250.00 once per year	\$100.00 once per care recipient (patient)
Age Requirements	Patient can be of any age.	Patient must be 60 years or older.
Grant Area	Patient must reside in Arkansas.	Patient must reside in Arkansas.
Diagnosis Certification <i>*Dated within 12 months of the current year</i>	A diagnosis must be signed by a physician, written on their stationary or prescription pad & must state the patient requires a daily caregiver	A diagnosis must be signed by a physician, written on their stationary or prescription pad & must state the patient requires a daily caregiver
Diagnosis	Specifically state any chronic illness that requires a caregiver	Specifically state any chronic illness that requires a caregiver
Eligible Services Covered	Respite care only to provide temporary relief to the caregiver. Respite care may be provided in the home, at an adult daycare, or through a short-term stay in a nursing home or assisted living facility.	Funds can be used for utilities, groceries, respite care, medical supplies, or anything deemed necessary to create a safe and happy home environment.
How to Apply	Complete an application and deliver, email, fax, or mail to the Alzheimer's Arkansas office.	Complete an application and deliver, email, fax, or mail to the Alzheimer's Arkansas office.
Application Processing Timeframe	Up to 10 business days after receipt of completed application.	Up to 10 business days after receipt of completed application.
Grant Period	Grant funds must be used 3 months from approval date.	No follow-up reporting or surveys are required for this grant. Upon receipt of funds, your grant will be closed and will not impact eligibility for future Alzheimer's Arkansas grants.
Payment or Reimbursement	Grant payment is issued upon approval.	Grant payment is issued upon approval.

*Only one grant can be open within our organization at any given time.

**All applications, respite logs, follow-up surveys, and invoices can be mailed, emailed, or hand delivered. Grants are limited to the amount of funds available. Alzheimer's Arkansas does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age or disability in employment, for granting, or for the provision of services



Community Resources

Area Agency on Aging:

Agingarkansas.org

Region I

AAA of Northwest AR
1510 Rock Springs Rd,
Harrison, AR 72602
870-741-1144

Email: info@aaanwar.org

Website: <https://www.aaanwar.org/>

Region II

White River AAA
3998 Harrison St,
Batesville, AR 72503
870-612-3000

<https://www.wraaa.com/>

Region III

East Arkansas AAA
2005 E. Highland Drive,
Jonesboro, AR 72401
870-972-5980

<https://www.e4aonline.com/contact>

Region V

CareLink
706 W 4th St,
N. Little Rock, AR 72114
Administration Building
700 W Riverfront Dr,
N. Little Rock, AR 72114
501-372-5300

<https://www.carelink.org/>

Region VI

AAA West Central AR
905 West Grand
Hot Springs, AR 71913
501-321-2811

<https://www.seniorspecialists.org/about-us>

Region VII

AAA of Southwest AR
600 Lelia Street
Magnolia, AR 71753
870-234-7410

<http://agewithdignity.com/>

Region VIII

AAA of Western AR
P. O. Box 1724
Fort Smith, AR 72902
524 Garrison Ave,
Fort Smith, AR 72902
479-783-4500

<https://agingwest.org/>

Community Services

Use this section to record services for your loved one. You can find community resources by going to your local area on agency (agingarkansas.org) or by contacting Alzheimer's Arkansas.

	Phone/Website	Contact Person	Notes
Area Agency on Aging			
Senior Center			
Adult Day Services			
Transportation Services			
Meal Programs			
Housecleaning/Repair/lawn care			
Home Care Agency			
Hospice			
Legal Services			
Other:			

Outside Agencies and Caregivers

Caregiving Agency: _____

Address: _____ Phone: _____

Contact Person: _____ Web: _____

Notes: _____

Skilled Nursing and Rehabilitation

Agency Name: _____

Address: _____ Phone: _____

Contact Person: _____ Web: _____

Notes: _____

House cleaning Service

Agency Name: _____

Address: _____ Phone: _____

Contact Person: _____ Web: _____

Notes: _____

Lawn Maintenance

Agency Name: _____

Address: _____ Phone: _____

Contact Person: _____ Web: _____

Notes: _____



Other agencies:

Agency Name: _____

Address: _____ Phone: _____

Contact Person: _____ Web: _____

Notes: _____

Agency Name: _____

Address: _____ Phone: _____

Contact Person: _____ Web: _____

Notes: _____

Agency Name: _____

Address: _____ Phone: _____

Contact Person: _____ Web: _____

Notes: _____

Agency Name: _____

Address: _____ Phone: _____

Contact Person: _____ Web: _____

Notes: _____





Alzheimer's
Arkansas
Caring for Caregivers

Month:

2021

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Notes:

Appointments

Date	Time	Place/who	Reason	Phone

Notes:

Daily Activity Log

Use this log to track daily activities including meals, what they did, where they went, phone calls, visitors, etc.

Date: _____

Morning	
Afternoon	
Evening	

Notes: _____

Daily Log

Use this log help keep track of daily things needed for your loved one. This log can be useful if you have multiple caregivers and need to track what has been done.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Bathing							
Oral Care							
Shave							
Dressing							
Breakfast							
Morning Med							
Laundry							
Lunch							
Afternoon Med							
Exercises							
Dinner							
Night Med							
Dress for bed							
Other							

Notes:

Daily Routines

Morning

Task	Time	Notes
Wakes up at		
Breakfast		

Afternoon

Task	Time	Notes
Lunch		

Evening

Task	Time	Notes
Dinner		

Notes: _____

Call Log

[illegible]

Home Safety Checklist

- ☐ Emergency information posted by the phone and/or on refrigerator including important contacts, medical information, and home street address.
- ☐ Lock up and/or clearly label dangerous cleaning agents (such as bleach, liquid laundry, pods) chemicals (such as insecticides) etc.
- ☐ Consider storing items such as alcohol, matches, sharp objects, etc. in a locked cabinet.
- ☐ Lock up or remove firearms.
- ☐ Check smoke and carbon monoxide detectors and inspect regularly.
- ☐ Keep a flashlight by the bed.
- ☐ Secure things such as bookshelves, cabinets, etc.
- ☐ Secure or remove loose rugs, extension cords, or other items that may cause trips.
- ☐ Clear pathways of clutter, small furniture, electrical cords, etc.
- ☐ Install handrails along stairs and hallways.
- ☐ Fix loose floorboards.
- ☐ Get rid of unstable furniture (anything that wobbles, is missing legs, etc.).
- ☐ Use nonslip treads and/or mark edges of steps with bright tape.
- ☐ Be sure light switches are easy to locate and use.
- ☐ Consider aiming lights at walls or the ceiling to reduce glare.
- ☐ Make sure paths they take at night are lit. Consider using night-lights.
- ☐ Consider a raised toilet seat.
- ☐ Use rubber mats and nonslip strips on floors that might be wet.
- ☐ Consider placing all shelves at heights that are easy to reach to prevent reaching or items from falling overhead.
- ☐ Note and clearly label food expiration dates and review basic food safety tips.
- ☐ Be sure all medications are clearly labeled.
- ☐ Dispose of medications that are no longer needed.

Location of key documents and information

[illegible]

Notes: _____

Emergency Information Sheet

Address: _____

Phone: _____

Important Contacts

Type	Name	Number
Landlord		
Property Manager		
Neighbor		
Neighbor		
Police		
Fire		
Ambulance		

Home Maintenance

Type	Name	Number
Plumber		
Electrician		
Repair Person		

Utility Companies

Type	Name	Number	Account #
Electric			
Gas			
Oil			
Telephone			
Cable			
Internet			

Location of important Items

Item	Location
Fire Extinguisher	
Flashlight	
Circuit Breaker	
Water Valve Shut off	

Notes: _____



About Your Loved One

Use this to help outside agencies to learn more about your loved one.

Name: _____ Preferred Name or Nickname: _____

Primary Language: _____ Other Language Spoken: _____

Social History

Education: _____ Career: _____

Memberships in clubs/organizations:

Other:

Hobbies and Activities

Favorite Activities:

Favorite TV shows:

Favorite Movies:

Favorite Games:

Places to visit:

Favorite Music:

Other notable hobbies:

Relationships

Name	Relation	Location	Type and Frequency of Contact
------	----------	----------	-------------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Food and Snacks

Types of food they enjoy: _____

Types of food they dislike: _____

Favorite Meal: _____

Favorite beverage: _____

Favorite snack: _____

Needs and Self-care Abilities

Activities

	Independent	Needs Help	Notes
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	
Grooming	<input type="checkbox"/>	<input type="checkbox"/>	
Eating	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	
Toileting	<input type="checkbox"/>	<input type="checkbox"/>	
Medications	<input type="checkbox"/>	<input type="checkbox"/>	
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	
Housework	<input type="checkbox"/>	<input type="checkbox"/>	
Laundry	<input type="checkbox"/>	<input type="checkbox"/>	
Transport	<input type="checkbox"/>	<input type="checkbox"/>	
Mail	<input type="checkbox"/>	<input type="checkbox"/>	
Bills	<input type="checkbox"/>	<input type="checkbox"/>	
Driving	<input type="checkbox"/>	<input type="checkbox"/>	

Devices and Equipment

	Needs Help	Notes
Glasses	<input type="checkbox"/>	
Hearing Aid	<input type="checkbox"/>	
False Teeth	<input type="checkbox"/>	
Walker	<input type="checkbox"/>	
Wheelchair	<input type="checkbox"/>	

	Needs Help	Notes
Other: _____	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	

Medical History

Current Diagnosis

Diagnosis	Date	Physician	Notes

Major Illness

Illness	Start	End	Physician	Notes

Vaccinations

Name	Date	Name	Date
Hepitis A		Pneumonia	
Hepatitis B		Tetanus	
MMR			
Zoster			
Influenza			
COVID			

Hospitalizations and Rehabilitation Stays

Date	Hospital	Reason	Discharge Date	Discharge to

Notes: _____

Medical Info

Name: _____ Preferred Name: _____
Address: _____
Phone: _____ Date of Birth: _____
Primary Language: _____ Secondary Language: _____
Gender: _____
Primary Insurance: _____ Policy: _____
Secondary Insurance: _____ Policy: _____
Do you have a living will? Y N Health Care Proxy: Y N
Health Care Proxy: _____ Phone: _____

Emergency Contacts

Name	Phone	Relationship

Physicians

Type	Name	Phone	Notes
Primary			
Secondary			

Preferred Hospital: _____ Phone: _____

List of Medical Conditions:

Baselines:

Weight: _____
Blood Pressure: _____
Blood Sugar: _____
Blood Type: _____

Allergies:

Type	Reaction

Upcoming Doctors Visit

Fill this section out pre-visit.

Appointment Date: _____ Time: _____

Clinic: _____ Physician's Name: _____

Clinic Address: _____ Phone: _____

Reason for Visit: _____

List of Symptoms: _____

Items to bring: _____

Questions and concerns to discuss:

Q: _____
A: _____
Q: _____
A: _____
Q: _____
A: _____

Notes: _____

Outcomes:

Tests Ordered: _____
Diagnosis: _____
Medication: _____
Notes: _____

Follow up visit? Y N Date: _____ Time: _____ Location: _____

Surgery/Procedure Log

[illegible]

Test Log

Use this to record blood tests, MRIs, X-rays, and other diagnostic tests ran.

[illegible]

List of Medications

[illegible]

Pharmacy Name: _____

Address: _____

Fax: _____

Website: _____

Login: _____ **Password:** _____

Drug Allergies:

Weekly Medication Chart

Drug:	Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Dose:								
Instr:								

Drug:	Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Dose:								
Instr:								

Drug:	Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Dose:								
Instr:								

Drug:	Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Dose:								
Instr:								

Drug:	Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Dose:								
Instr:								

Drug:	Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Dose:								
Instr:								

Drug:	Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Dose:								
Instr:								

Drug:	Time	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Dose:								
Instr:								

Notes: _____

Revised 3/1/2021

Emergency Room Checklist

What to bring:

- ☐ Insurance Cards ☐ List of medications ☐ Hearing Aides, glasses, walker, etc.
☐ Information on all doctors and health care providers ☐ comfortable clothing
☐ Important medical info (diagnosis, allergies)
☐ Other: _____

Who needs to be notified?

Name: _____ Relation: _____
Phone: _____ Notes: _____

Name: _____ Relation: _____
Phone: _____ Notes: _____

If admitted to the hospital, I need to consider suspending or cancelling the following:

Service	Contact	Notes
Meal/Food Delivery		
Cleaning Services		
Home Health Services		

Are there any upcoming appointments that I need to cancel?

Notes:

End of Life Wishes and Instructions

End of life discussions are never easy and can be difficult but also necessary. Use this guide to help answer questions and put together a plan with your loved one and their physician.

Does your loved one have a living will or health care proxy? Y N

What is a health care proxy?

A proxy is someone appointed to make health care decisions for you if you are unable to make them yourself. This may also be referred to a durable medical power of attorney. This person is not necessarily your power of attorney but someone who is specifically appointed to make health care decisions for you. Things to consider and discuss:

- Who will make medical decisions for me if I am unable to make them myself?
- Will this person be able to make difficult choices?
- Do members of the family know who your proxy is and accept that?
- Who else might need to be consulted besides your doctor and proxy?
- Do I need a backup proxy?

Questions to consider.

What would you describe as good health? _____

What situations would you find as intolerable? _____

How do your religious beliefs factor in? _____

How important is where you die (at home, in a hospital, etc.) _____

What is your goal in treatment? _____

How aggressively should doctors act to keep you alive? _____

What circumstances would you not want to live under? _____

Notes: _____

Medical Decisions

If your prognosis were bleak, how would you feel about the following:

Hospitalization: _____ Surgery: _____

Resuscitation: _____ Ventilator: _____

Artificial Nutrition/Hydration: _____

What would make you comfortable: _____

What are my loved one's instructions for end of life?

The following requests have been made:

- ☐ Do not hospitalize ☐ Do not resuscitate ☐ Do not intubate
☐ No feeding tube ☐ no extraordinary measures
☐ Comfort measures only

Other requests: _____

Important contacts

Health Care Proxy

Name: _____ Phone: _____
Notes: _____

Family/Friends to be notified:

Name: _____ Phone: _____ Relation: _____
Notes: _____

Name: _____ Phone: _____ Relation: _____
Notes: _____

Name: _____ Phone: _____ Relation: _____
Notes: _____

Attorney

Name: _____ Firm: _____ Phone: _____
Address: _____
Notes: _____

Clergy

Name: _____ Phone: _____ Church: _____
Address: _____
Notes: _____

Funeral Home: _____ Phone: _____
Address: _____

Cemetery: _____ Phone: _____
Address: _____ Lot#: _____
Notes: _____

Financial and Legal Contacts

Primary Bank: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Account Type/Description: _____
Account #: _____ Website: _____
Login: _____ Password: _____

Secondary Bank: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Account Type/Description: _____
Account #: _____ Website: _____
Login: _____ Password: _____

Accountant: _____ Phone: _____
Firm: _____ Website: _____
Email: _____ Address: _____

Financial Advisor: _____ Phone: _____
Firm: _____ Website: _____
Email: _____ Address: _____

Insurance Agent: _____ Phone: _____
Firm: _____ Website: _____
Email: _____ Address: _____

Lawyer: _____ Phone: _____
Firm: _____ Website: _____
Email: _____ Address: _____

Other: _____ Phone: _____
Firm: _____ Website: _____
Email: _____ Address: _____

Other: _____ Phone: _____
Firm: _____ Website: _____
Email: _____ Address: _____

Notes: _____

Financial Planning

Use this sheet to help keep track and organize your loved ones finances.

Assets	Account #	Balance
Savings Account		
Checking Account		
Investment Account		
Other securities		
Retirement Accounts		
	Description	Value
Real Estate		
Cars, Boats, Other vehicles		
Valuables (Jewelry, Painting, etc.)		
Business and Partnership Agreements		
Profit-sharing and pension plans		
Annuities		
Life Insurance		
Other		

Debts	Description	Amount
Mortgage		
Car Loan		
Other outstanding loans		
Credit card debt		
Other		

Estimated Future Expenses	Cost
Home renovations	
Assisted living devices	
Medical Bills	
Home health care	
Assisted living	
Legal/financial fees	
Funeral expenses	

Monthly Budget

Use this to help your loved one create a monthly budget.

Monthly Income	Amount
Salary/Wages	
Other business income	
Retirement benefits	
Social Security	
Interest	
Dividends	
Rental Income	

Monthly Bills	Amount
Housing	
Taxes	
Utilities	
Insurance	
Groceries	
Auto Payments	
Medical Bills	
Home/Yard upkeep	
Clothing	
Cable	
Entertainment	
Gifts/donation	
Credit Cards	

Notes: _____

Representatives and Decision Makers

Health Care Proxy

Name: _____ Relation: _____
Address: _____ City: _____ State: _____
Phone: _____ Email: _____ Work #: _____
Notes: _____

Power of Attorney

Name: _____ Relation: _____
Address: _____ City: _____ State: _____
Phone: _____ Email: _____ Work #: _____
Durable Y N
Notes: _____

Conservator

Name: _____ Relation: _____
Address: _____ City: _____ State: _____
Phone: _____ Email: _____ Work #: _____
Notes: _____

Guardian

Name: _____ Relation: _____
Address: _____ City: _____ State: _____
Phone: _____ Email: _____ Work #: _____
Notes: _____

General Notes: _____

