



**2021 Family Assistance Program (FAP) Grant
RESPITE LOG & FOLLOW-UP SURVEY**

In the table below, please detail the in-home care, adult daycare, or short-term facility services provided to your loved one. If you received respite services from a professional company or provider, you may attach an invoice or receipt instead.

| Date of Service | # of Hours | Hourly Rate | Daily Total | Service Provider |
|------------------------|-------------------|--------------------|--------------------|-------------------------|
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| | | \$ | \$ | |
| Totals: | | \$ | \$ | |

If you did not use the grant funds for respite care, please attach any necessary receipts, invoices, utility bills, or other proof of items/services received and briefly explain in the space below.

***Please fill out the survey attached to the back of this form. This information is important for future grant availability and opportunities.**

Caregiver Name (print) _____ Grant # _____

Caregiver Signature _____ Date _____

****The caregiver is the person who applied for the grant**

After receipt of grant check and use of funds, applicants must submit this follow-up survey to Alzheimer's Arkansas no later than 90 days after the approval date. This survey can be mailed to 201 Markham Center Drive, Little Rock, AR 72205, emailed to grants@ALZark.org, or faxed to 501-227-6303. ***Failure to return this survey will result in the loss of eligibility for all future grants offered by Alzheimer's Arkansas.***

FAP 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 or the provision of services.



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FOLLOW-UP SURVEY**

As part of the ongoing evaluation of our services, please complete the following questionnaire. The information will be confidential. Please be objective-all comments will be considered. This information is used to help us apply for additional funding.

Please rate the following items on a scale of 1-5, regarding this grant and your caregiver experience.

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|----------------------|----------|---------------------------------|----------|-------------------|
| 1. Improve selfcare | 1 | 2 | 3 | 4 | 5 |
| 2. Reduce stress | 1 | 2 | 3 | 4 | 5 |
| 3. Provide financial relief | 1 | 2 | 3 | 4 | 5 |
| 4. Increase family engagement | 1 | 2 | 3 | 4 | 5 |
| 5. How did the grant impact your quality of life | 1 | 2 | 3 | 4 | 5 |

6. Describe how this grant directly impacted your family?

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7. How did you use the grant? (respite care, utility bills, groceries, legal fees, etc...)

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I will allow Alzheimer's Arkansas to contact me to learn more about my caregiver journey and possibly share my story for the benefit and education of other caregivers.