



## 2021 DHS Lifespan Respite Grant RESPITE LOG SURVEY

**Please return this log no later than 90 days after the grant approval date.**

Date(s) of Service	# of Hours	Hourly Rate	Total Paid	Care Provider Name (the person/company hired to provide respite care)
<b>Total</b>				

Caregiver Name (print) \_\_\_\_\_

Grant # \_\_\_\_\_

**(The caregiver is the person who applied for this grant)**

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

Date \_\_\_\_\_

After receipt of grant check and use of funds, applicants must submit this Respite Survey Log no later than 90 days after your approval date. This survey can be mailed to Alzheimer's Arkansas at 201 Markham Center Drive, Little Rock, AR 72205, emailed to grants@ALZark.org, or faxed to 501-227-6303.

*DHS Lifespan Respite Grants are limited to the amount of funds available. This mini-grant project is funded through the Arkansas Lifespan Respite Coalition and the Administration on Community Living. 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.*