

## 2021 Caregiver Grant Comparison

|   | CareLink Caregiver Support Grant   | Family Assistance Program Grant   |
|---|--|---|
| <b>Grant Amount/Frequency</b>           | \$500 twice per year<br>*6 months between applications   | \$350.00 twice per year (90 days between approvals)   |
| <b>Age Requirements</b>                 | Patient must be 60 years or older  | Patient can be of any age.  |
| <b>Grant Area</b>                       | Patient must reside in Pulaski, Faulkner, Saline, Lonoke, Prairie, or Monroe county  | Patient must reside in Arkansas.  |
| <b>Diagnosis Certification</b>          | A diagnosis must be signed by a physician, written on their stationary or prescription pad, and dated within 12 months of the application date. The diagnosis must specifically state that the patient requires a caregiver for daily functions. | A diagnosis must be signed by a physician, written on their stationary or prescription pad, and dated within 12 months of the application date. The diagnosis must specifically state that the patient requires a caregiver for daily functions.  |
| <b>Diagnosis</b>                        | Any chronic illness requiring caregiver assistance   | Any form of Dementia  |
| <b>Eligible Services Covered</b>        | Respite care only (temporary relief to the caregiver). Respite care may be provided in the home, at an adult daycare, or through a short-term facility stay.   | 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. |
| <b>How to Apply</b>                     | 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.  |
| <b>Application Processing Timeframe</b> | Up to 10 business days after receipt of completed application.   | Up to 10 business days after receipt of completed application.  |
| <b>Grant Period</b>                     | Grant funds must be used 3 months from approval date.  | A follow-up survey must be returned within 3 months from approval date. <b><i>Failure to return this survey will result in the inability to apply for future grants.</i></b>  |
| <b>Payment or Reimbursement</b>         | Reimbursement within 15 business days upon receipt of respite log or service provider invoice.   | Grant payment is issued upon approval.  |

\*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 \*

### 2020 Caregiver Grant Comparison

|   | DHS Lifespan Respite Grant   | Emergency Response Grant (COVID-19)  |
|---|--|--|
| <b>Grant Amount/Frequency</b>           | \$350.00 once per year   | \$100.00 once per care recipient (patient)   |
| <b>Age Requirements</b>                 | Patient can be of any age.   | Patient must be <b>60</b> years or older.  |
| <b>Grant Area</b>                       | Patient must reside in Arkansas.   | Patient must reside in Arkansas.   |
| <b>Diagnosis Certification</b>          | A diagnosis must be signed by a physician, written on their stationary or prescription pad, and dated within 12 months of the application date. The diagnosis must specifically state that the patient requires a caregiver for daily functions. | A diagnosis must be signed by a physician, written on their stationary or prescription pad, and dated within 12 months of the application date. The diagnosis must specifically state that the patient requires a caregiver for daily functions. |
| <b>Diagnosis</b>                        | Any chronic illness or special need requiring caregiver assistance.  | Any chronic illness requiring caregiver assistance.  |
| <b>Eligible Services Covered</b>        | 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.  |
| <b>How to Apply</b>                     | 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.   |
| <b>Application Processing Timeframe</b> | Up to 10 business days after receipt of completed application.   | Up to 10 business days after receipt of completed application.   |
| <b>Grant Period</b>                     | Grant funds must be used 3 months from approval date. <b><i>Failure to return this survey will result in the inability to apply for future grants.</i></b>   | 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.  |
| <b>Payment or Reimbursement</b>         | Grant payment is issued upon approval.   | Grant payment is issued upon approval.   |

**\*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 \***

Alzheimer's Arkansas 201 Markham Center Dr, Little Rock, AR. 72205 1-800-689-6090 or 501-224-0021  
FAX: 501-227-6303 Email: [grants@ALZark.org](mailto:grants@ALZark.org) Website: [ALZark.org/grants](http://ALZark.org/grants)