



2022 DHS Lifespan Respite Grant Application Process



1) ELIGIBILITY

The care recipient (patient):

- Can be of any age
- Must reside in Arkansas
- Must have an official diagnosis on doctor's letterhead of any special need or chronic illness that requires the assistance of a caregiver for daily functions. The diagnosis must state the chronic illness, state that the patient requires a daily assistance, be signed by the doctor, and dated within a year of submitting the application.

2) APPLICATION

The amount of financial assistance given per grant approval is **\$250**. A family may receive this grant once a calendar year (Jan 1st to June 31st). For questions, or to request an application, call 501-224-0021 ext. 210, visit ALZark.org/grants, or email grants@ALZark.org.

3) APPROVAL

The 2022 application must be completed, signed, and include a diagnosis of any special need or chronic illness that requires a caregiver on a physician's official letterhead or prescription pad. It may take up to **10** business days to process your application. Applications 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. An eligible application does not guarantee approval. Funds are limited to the number of processed applications submitted during the grant period. Alzheimer's Arkansas cannot guarantee the availability of funds throughout the entire grant period.

4) COVERAGE

This grant may be used to pay for respite care services **ONLY**. This includes services such as:

- in-home care
- temporary daycare
- short-term facility stays

After receipt of grant check and use of funds, applicants must submit the enclosed Respite Survey Log/Survey no later than 90 days from the 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. Failure to submit the survey will result in the disqualification of any future Alzheimer's Arkansas grants.

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.



DHS LIFESPAN RESPITE GRANT

2022 GRANT PERIOD – Jan 1st – Dec 31st

PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY



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

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
- Temporary Day Care
- Short-Term Facility Stay

These funds cannot be used to pay the caregiver above to provide care to the patient. Another individual must be hired to provide respite care.

Your privacy is important to us, please visit ALZark.org/grants to view our full privacy statement. Are there any individuals, other than you, with whom we may share grant information? Please list in the space below:

CAREGIVER SIGNATURE:

I have read the above information and completed the application. The information I have provided is correct to the best of my knowledge. Furthermore, I understand that:

- My grant may be denied and/or returned to me if I have made any false or incomplete statements
- Alzheimer's Arkansas is not liable for any negligent services provided by the care provider of my choice
- This grant is limited to available funds. Alzheimer's Arkansas may not be able to provide grants throughout the full 2022 grant period if allotted funds are used before my application is processed
- It may take up to 10 business days to process my application
- I will receive a survey/log with my grant approval, and I will return it upon completion of the services paid for by this grant. If I do not return this survey, I will not be eligible for future grants offered by Alzheimer's Arkansas

Signature of Caregiver

Date