

## 2022 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
<b>Grant Amount/Frequency</b>	\$500.00 twice per year *6 months between applications	\$350.00 twice per year *90 days between applications
<b>Age Requirements</b>	Patient must be <b>60</b> years or older.	Patient can be of any age.
<b>Grant Area</b>	Patient must reside in <b>Pulaski, Faulkner, Saline, Lonoke, Prairie or Monroe County.</b>	Patient must reside in Arkansas.
<b>Diagnosis Certification</b> <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, 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>	Specifically state any chronic illness that requires a caregiver	Specifically state any form of Dementia
<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.	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 or <i>before</i> end of fiscal year, whichever comes first.	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/payment within 15 business days upon receipt of respite log or service provider invoice is received.	Grant payment is issued upon approval.

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	DHS Lifespan Respite Grant	The Dementia Caregiver Respite Grant
<b>Grant Amount/Frequency</b>	\$250.00 once per year	\$500.00 twice per year *6 months between approval dates
<b>Age Requirements</b>	Patient can be of any age.	Patient can be of any age
<b>Grant Area</b>	Patient must reside in Arkansas.	Patient must reside in Arkansas.
<b>Diagnosis Certification</b> <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, 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>	Specifically state any chronic illness or special need that requires a caregiver	Specifically state any form of dementia
<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.	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.
<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 or <i>before</i> end of fiscal year, whichever comes first. <b><i>Failure to return this survey will result in the inability to apply for future grants.</i></b>	Grant funds must be used 3 months from approval date or <i>before</i> end of fiscal year, whichever comes first. <b><i>Failure to return this survey will result in the inability to apply for future grants.</i></b>
<b>Payment or Reimbursement</b>	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