



**2021 Family Assistance Program (FAP) Grant
RESPIRE 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.

Caregiver Name (print) _____ Grant # _____

Caregiver Signature _____ Date _____

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.