

Dementia Caregiver Respite Grant Log & Survey



After receipt of grant check and use of funds, applicants must submit this Respite Log & Survey **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.

Respite Log

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

*If you are not using a professional care providing company, the hired provider must be over the age of 18 and not live with the patient.

Post Funding Survey

Please answer the following questions regarding the grant application process. Please be objective – all comments are helpful! The information you provide will help us to better our application process, as well as helping us understand the needs of Arkansas Caregivers. Your answers **do not** affect eligibility for receiving this grant.

Please rate the level ease of the overall grant application process: 1 2 3 4 5
Easy Difficult

Please rate the level ease of finding a respite provider: 1 2 3 4 5
Easy Difficult

Please rate the improvement of the overall stress level of the household after utilizing grant funds:

1 2 3 4 5
No Improvement High Improvement

What did this grant funding allow you to accomplish? (i.e. vacation, grocery shopping, mental health, doctor's appointment, etc) _____

Caregiver Name (print) _____ Grant # _____

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

Caregiver Signature _____ Date _____

Dementia Caregiver 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.