

2023 Family Assistance Program Grant Application Process

1) Eligibility

The care recipient (patient) must

- Reside in Arkansas
- Live independently or with family (not in a full-time care facility)
- Require the assistance of a caregiver for daily functions (must be stated on the diagnosis)
- Have a signed, official diagnosis of any dementia on a physician's letterhead or prescription pad (the diagnosis must specifically state a form of any Dementia; mild cognitive impairment is not eligible)

2) APPLICATION

The amount of financial assistance given per grant approval is **\$350**. A family may receive this grant **twice** in a calendar year, with 90 days between grant approvals, when funds are available. For questions, or to request/download an application, call 501-224-0021, visit ALZark.org/grants, or email grants@ALZark.org.

A current application dated 01/01/2022 – 1/31/2023 must be submitted.

3) APPROVAL

All information on the application must be completed, signed, and include a diagnosis of dementia on official letterhead or prescription pad. It can take up to 10 business days to process your application. Completed applications can be mailed, emailed, or faxed:

Mail: Alzheimer's Arkansas
201 Markham Center Dr
Little Rock Arkansas 72205

Email: grants@alzark.org

Fax: 501-227-6303

After the grant approval date:

4) Grant Coverage

Grant funds may be used for the following items:

- Respite care services (in-home, adult day care, and/or short term stay in a facility)
- Homecare supplies
- Caregiver mental health counseling
- Minor home modifications (with prior approval)
- Senior legal services
- Utility bills (**ONLY**: gas, electric, water/sewage, garbage)
- Other services to reduce caregiver stress (i.e. home cleaning, cooking, yard work, etc.)

5) Grant Payment

The grant funds will be paid in full via check to the applying caregiver. The check will be sent with the approval letter and a respite log. After receipt and use of grant funds, applicants must submit the respite log to our office no later than 90 days after the approval date. **Failure to return this survey will result in the loss of eligibility for all future grants offered by Alzheimer's Arkansas for the caregiver AND care recipient associated with the grant.** 2022 FAP grant payments will only be made payable to the personal caregiver listed on the application and mailed to the address provided.

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FAMILY ASSISTANCE PROGRAM GRANT (FAP)

FOR GRANT YEAR – 1/1/2022 – 1/31/2023

ALL FIELDS ARE REQUIRED AND INCOMPLETE APPLICATIONS MAY BE DENIED.

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
- Divorced

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
- Adult Daycare
- Short Term Facility Stay
- Homecare Supplies
- Home Modifications
- Legal Services
- Mental Health Counseling
- Utility Bill (gas, electric, water/sewage, garbage)

Any other uses **must be approved by the grant coordinator prior to grant approval

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? _____

Acknowledgement

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

- My grant may be cancelled if I have made any false or incomplete statements
- Alzheimer's Arkansas is not liable for any negligent services by the provider of my choice
- If used for utility payment, Alzheimer's Arkansas is not held liable for any late or reconnection fees
- Payment will not be made on services completed prior to my application approval date
- Once approved, I will receive an approval letter, a **follow-up survey**, and a check. The **follow up survey** explains how funds were used and it **MUST** be completed and returned within 3 months
- If I do not submit the follow-up survey, I will no longer be eligible for ANY grants offered by Alzheimer's Arkansas
- Grant availability is limited to the funds available and are not guaranteed
- It may take up to 10 business days to process my application & application submissions do not guarantee an approval
- This grant cannot be used to pay the caregiver applying (above) for their caregiving duties

Signature of Caregiver

Date

Grievance Procedures

Alzheimer's Arkansas Programs and Services clients may file a grievance or seek resolution of a complaint or concern without fear of retaliation or discontinuation of service. Every client and/or caregiver can be assured that they will be treated with dignity and respect.

WHO MAY APPEAL:

Any person (or their caregiver) who is receiving or has applied for services and/or grants provided directly by Alzheimer's Arkansas Programs and Services.

WHAT YOU MAY APPEAL:

Any decision concerning services and/or grants provided by Alzheimer's Arkansas Programs and Services with which you disagree.

WHERE TO SEND YOUR APPEAL OR GRIEVANCE:

Alzheimer's Arkansas Programs and Services
Grievance Review
201 Markham Center Drive
Little Rock, AR 72205

HOW TO APPEAL:

1. You are encouraged to discuss any concerns with the Alzheimer's employee assigned to handling your initial request. You should request a conference with this employee before formal grievance procedures are initiated.
2. Should this meeting result in an adverse action or decision, you may request, in writing, reconsideration from the Executive Director. This request is to be made within 7 calendar days of the adverse decision.
3. Within 7 calendar days of receipt of your request, the Executive Director will schedule a reconsideration conference to hear your complaint. A decision concerning your reconsideration will be postmarked within 7 days of the conference.
4. If you are not satisfied with the Executive Director's decision, you have 7 calendar days to request, in writing, a formal hearing before the Executive Committee of the Board of Directors.
5. The Executive Committee will notify you within 7 calendar days of the date, time, and place of the hearing. You may be present at the hearing, present evidence and witnesses and cross-examine adverse witnesses.
6. Within 7 calendar days of the hearing, the Executive Committee will mail its findings and decision.
7. If you are dissatisfied with this decision, you may contact CareLink (Central Arkansas Area Agency on Aging) at 501-372-5300 or the Division of Provider Services and Quality Assurance (DPSQA) at the Department of Human Services at 501-682-1001

NOTE: Upon written, mutual agreement between client and Alzheimer's Arkansas staff, any or all steps of the Grievance Procedure may be omitted and/or time frames extended. If unable to read and/or write, or if you have a language barrier, Alzheimer's Arkansas will assist you in locating necessary assistance to complete the prescribed procedures.