

Dementia Caregiver Respite Grant

Application Process



1.) ELIGIBILITY

The care recipient (patient):

- o Can be of any age and must reside in Arkansas.
- o Must have a primary or secondary diagnosis on a doctor/APRN's letterhead of Alzheimer's or any other dementia. The diagnosis must state that the patient requires daily assistance, be signed by the doctor/APRN, and dated within a year of submitting the application.

2.) APPLICATION

The amount of financial assistance given per grant approval is **\$500**. A family may receive this grant twice a calendar year with 6 months between approval dates based upon funding. For questions, or to request an application, call 501-224-0021 ext 210, visit ALZark.org/grants, or email grants@ALZark.org. The application is a total of four (4) pages, including this page, and all questions must be answered.

3.) APPROVAL

The application and pre-survey must be fully completed, signed, and include a diagnosis of any dementia on a physician/APRN's official letterhead or prescription pad to be considered for approval. 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. If your application is approved, you will receive via mail an approval letter, a grant check, and a Respite Survey Log which should be returned within 90 days of the approval date.

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.

Dementia Caregiver Respite Grants are limited to the amount of funds available. This 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.



Dementia Caregiver Respite Grant

GRANT PERIOD BEGINNING JULY 1, 2023

PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY



CAREGIVER Information (unpaid person providing care to patient):

Caregiver Legal Name: _____
 First Middle Last
 Date of Birth: ____/____/____ Age: ____ Gender: Male Female
 Month Day Year Gender Identity: _____

Physical Home Address: _____
 City: _____ State: _____ Zip: _____ County: _____

Mailing Home Address: _____
 City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

Your answers to the following questions **do not** affect eligibility status of receiving this grant; however, each question must be answered.

Marital Status:
 Married
 Divorced
 Separated
 Single
 Widowed
Military Status:
 Active Duty
 Retired

Ethnicity:
 Hispanic or Latino
 Not Hispanic or Latino
Race:
 White
 Black/African American
 American Indian
 Asian
 Hispanic

Relationship to the patient: _____
 How many hours of care do you provide daily? _____
 How did you hear about this grant? _____
 Employment Status: Employed Unemployed
 Annual Household Income: \$ _____
 Have you received a respite assistance grant in the past 12 months? Yes No
 If so, from where? _____



Dementia Caregiver Respite Grant

GRANT PERIOD April 2022 to June 2023

PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY



For what kind of respite assistance are you applying:

In Home Care Temporary Day Care Short-Term Facility Stay

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:

First Middle Last

Date of Birth: ____/____/____ Age: ____ Gender: Male Female
 Month Day Year Gender Identity: _____

Physical Home Address: _____
 City: _____ State: _____ Zip: _____ County: _____

Mailing Home Address: _____
 City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Email: _____

Your answers to the following questions **do not** affect eligibility status of receiving this grant; however, each question must be answered.



Dementia Caregiver Respite Grant



GRANT PERIOD BEGINNING JULY 1, 2023

PLEASE COMPLETE ALL INFORMATION AND PRINT CLEARLY

No



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:

None

Please answer the following questions regarding the grant

dated within a year of submitting the application.

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 family: 1 2

Ethnicity:

Hispanic or Latino
 Not Hispanic or Latino

level of burden paying out-of-pocket for respite care is on your 3 4 5

Low
 Please rate the

Race:

White
 Black/African American

High
 level of ease in applying for this grant: 1 2 3 4 5

Low

High

Please rate your current stress level: 1 2 3 4 5
Low High

Have you received respite prior to applying for this grant? _____

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.
- The grant funds may only be used to hire a 3rd party provider (professional or personal) to provide respite. These funds cannot be used to pay myself to provide care to the patient.
- 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 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