



CARELINK RESPITE SERVICES LOG

To be reimbursed for respite care, you must complete this service log, or we must have an invoice from the agency providing the service.

Complete a separate form for each care provider.

Office Use Only	
Grant Number:	_____
Amount: \$	_____
Hours: _____ x 4 = _____	units
Remaining Balance:	_____

Care Recipient Name: _____

Grant #: _____

(Care **Recipient** is the patient, the person receiving the care.)

(*DATE OF SERVICE CANNOT BE BEFORE THE APPROVAL DATE LOCATED ON YOUR APPROVAL LETTER.)

*DATE OF SERVICE	# HOURS		HOURLY RATE (Any amount you choose)		DAILY TOTAL
		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
		x	\$	=	\$
TOTALS:					\$

Multiply # of hours by hourly rate to get the total for the day. **Please submit amounts of \$100 or greater.**

Care Provider **PRINTED** Name: _____

(Care **Provider** is the person or agency hired by the caregiver to provide the patient's care.)

A COPY OF THEIR DRIVER'S LICENSE MUST BE ATTACHED TO EVERY SERVICE LOG (UNLESS AGENCY INVOICE IS ATTACHED).

Care Provider's Signature _____ Birthdate: _____

<p>Make Check Payable To: _____</p> <p>Mailing Check To: _____</p> <p>City, State, Zip code: _____</p>

Caregiver **PRINTED** Name: _____

(**Caregiver** is the person who applied for this grant.)

Caregiver Signature: _____ Date: _____

Payment or reimbursement will usually be within **15 business days** from the date of the Service Log, invoice or receipt is received in the Alzheimer's Arkansas office.



CareLink Caregiver Support Grant Follow-Up Survey

Please rate the following items on a scale of 1-5 regarding this grant and your caregiver experience.

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. Improved selfcare	1	2	3	4	5
2. Reduced stress	1	2	3	4	5
3. Provided financial relief	1	2	3	4	5
4. Increased family engagement	1	2	3	4	5
5. Quality of life had a positive change	1	2	3	4	5

6. Describe how this grant directly impacted your family?

7. What did this grant funding allow you to accomplish? (Vacation, errands, hobbies etc...)

If you have any questions or concerns involving the completion of this log, please feel free to give me a call. I would be happy to answer any questions or concerns that you might have.

Kindest Regards,

Sharayah Wallace; Grants Coordinator
(501) 224-0021 EXT 210