

# Dementia Caregiver Respite Grant Log & Survey

Alzheimer's Arkansas Programs and Services

201 Markham Center Drive, Little Rock, AR 72205-1409

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**AFTER GRANT FUNDS ARE SPENT.** Please submit this Respite Log & Survey **no later than 90 days after your approval date.** The log and survey can be mailed, emailed, faxed, OR texted.

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	Care Provider Name (The person/company hired to provide respite care)
		x	\$	=	\$	
		x	\$	=	\$	
		x	\$	=	\$	
		x	\$	=	\$	
		x	\$	=	\$	
		x	\$	=	\$	
		x	\$	=	\$	
		x	\$	=	\$	
		x	\$	=	\$	
<b>TOTALS:</b>					\$	

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

### **IMPORTANT INFORMATION – PLEASE READ**

IF YOU ARE **NOT** USING A PROFESSIONAL CARE-PROVIDING COMPANY, THE HIRED PROVIDER MUST BE 18 YEARS OF AGE AND OVER. NOT LIVING WITH THE CARE RECIPIENT.

**A COPY OF EVERY CARE PROVIDER'S DRIVER'S LICENSE MUST BE ATTACHED TO THE SERVICE LOG (UNLESS AGENCY INVOICE IS ATTACHED)**

**PLEASE COMPLETE POST-FUNDING SURVEY ON THE 2<sup>ND</sup> PAGE →**

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# Dementia Caregiver Respite Grant

## Post Funding Survey

Please answer and complete 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 PRINTED Name: \_\_\_\_\_  
(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.*