



CARELINK RESPITE SERVICES LOG
You must complete this service log or provide a receipt/invoice from a care providing service to receive grant funds.
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 (On or after approval date)	# HOURS		DAILY TOTAL (Payment for Day)
		=	\$
		=	\$
		=	\$
		=	\$
		=	\$
		=	\$
		=	\$
		=	\$
		=	\$
		=	\$
		=	\$
TOTALS:			\$

PLEASE SUBMIT LOGS IN \$100.00 INCREMENTS OR MORE.

Care Provider PRINTED Name: _____
 (Care Provider is the person(s) paid or agency hired by the caregiver to provide the patient's care.)
A COPY OF THEIR DRIVER'S LICENSE MUST BE ATTACHED TO SERVICE LOG (UNLESS INVOICE IS ATTACHED).

Care Provider Signature _____ Birthdate: _____

Make Check Payable To: _____
Mailing Check To: _____
City, State, Zip code: _____

Payment or reimbursement can take up to **15 business days** to receive once the respite log or invoice is processed by the Alzheimer's Arkansas office.

Caregiver PRINTED Name: _____
 (Caregiver is the person who applied for this grant.)

Caregiver Signature: _____ Date: _____



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 and/or what it allowed you to accomplish? (Vacation, errands, hobbies, rest, 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 Manager
(501) 224-0021 EXT 210
grants@alzARK.org