

## 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 <u>separate form for each</u> care provider.

Of	fice Use Only	
Grant Number:		
Amount: \$		
Hours:	x 4 =	units
Remaining Balance:		

Care Recipient Name: Grant #: (Care Recipient is the patient/person receiving the care.)					
	(Care Recipient is the pa	atient/person <u>re</u>	ceiv	ving the care.)	
	DATE OF SERVICE (on or after approval date)	# HOURS		DAILY TOTAL (Payment for the day)	
	(on or arter approvar date)	πIIOCKS	=	\$	
			=	\$	
			_	<b>J</b>	
			=	\$	
			=	\$	
			=	\$	
			=	\$	
			=	\$	
			=	\$	
			=	\$	
			=	\$	
	TOTALS:			\$	
(Care <u>Provide</u> A COPY OF THI	er PRINTED Name: <u>r</u> is the person(s) paid, or agence <u>EIR DRIVER'S LICENSE MUST BE</u> er Signature	•			E IS ATTACHED.
Make Check	Payable To:				
Mailing Check To	D:				
City, State, Zip co					
Payments or rein	nbursements can take up to <b>15 busir</b> Alzhe	ness days to receinimer's Arkansas			processed by the
Caregiver P	RINTED Name:(Caregiver is the	person who ap	plie	d for this grant.)	
	gnature:				
				1 45 50005	



## 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
<b>3.</b>	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

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Sharayah Wallace