

Dementia Caregiver Respite Grant Log & Survey

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

Phone: 501-224-0021 EXT 210

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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 (on or after approval date)	# HOURS		DAILY TOTAL	Care <u>Provider</u> Name (The person(s) paid/company hired to provide respite care)
		=	\$	
		=	\$	
		=	\$	
		=	\$	
		=	\$	
		=	\$	
		=	\$	
		=	\$	
		=	\$	
		=	\$	
TOTALS:				

IMPORTANT INFORMATION – PLEASE READ

IF YOU ARE NOT USING A CARE PROVIDING COMPANY, THE HIRED PROVIDER MUST BE 18 YEARS OF AGE AND OLDER AND 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 2ND PAGE →

Alzheimer's Arkansas Programs and Services

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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 while 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: _____

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.

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