Family Assistance Program Grant Log & Survey

AFTER GRANT FUNDS ARE SPENT. 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. (Contact information below.)

Care Recipient Name:_____ **Grant #:**_____

(Care Recipient is the patient/person receiving the care.)

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

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

***If you did not use the grant funds for respite care*, please attach any necessary receipts, invoices, utility bills, or other proof of items/services received and briefly explain in the space below. In the table, please detail the in-home care, adult daycare, or short-term facility services provided to your loved one. If you receive respite services from a professional company or provider, you may attach an invoice or receipt.**

_____

_____

_____

Caregiver PRINTED Name:_____

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

Caregiver Signature:_____ **Date:**_____

PLEASE COMPLETE FOLLOW-UP SURVEY ON THE 2ND PAGE →

Alzheimer's Arkansas Programs and Services
201 Markham Center Drive, Little Rock AR 72205
Phone: 501-224-0021 EXT 210 | Fax: 501-227-6303 | Email: grants@alzARK.org | Website: alzARK.org

Family Assistance Program Grant

Follow-Up Survey

As part of the ongoing evaluation of our services, please complete the following questionnaire. The information will be confidential. Please be objective, all comments will be considered. This information is used to help us apply for additional funding.

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. Improve selfcare	1	2	3	4	5
2. Reduce stress	1	2	3	4	5
3. Provide financial relief	1	2	3	4	5
4. Increase 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. How did you use the grant? (Respite care, utility bills, groceries, legal fees, etc...)

_____
_____
_____
_____
_____

☐ **I will allow Alzheimer's Arkansas to contact me to learn more about my caregiver journey and possibly share my story for the benefit and education of other caregivers.**

Family Assistance Program Grants are limited to the amount of funds available. **Alzheimer's Arkansas does not discriminate based on race, color, national origin, gender, sexual orientation, religion, age or disability in employment or the provision of services.**

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