



2025-2026 CareLink Caregiver Support Grant Application Process

Please read before applying



1) ELIGIBILITY

The Care Recipient (patient):

- **Be 60 years of age or older**, with a diagnosis of a chronic illness or any form of Dementia. (Alzheimer's, Parkinson's, etc.)
- Live in Pulaski, Saline, Monroe, Prairie, Lonoke, or Faulkner County AND independently or with family (**not in an assisted living or full-time care facility**)
- Must have an official diagnosis on doctor's letterhead of any chronic illness that requires the assistance of a caregiver for daily functions. The diagnosis must state the chronic illness, state that the patient requires daily assistance, be signed by the doctor or certified care physician, and **dated within a year** of the application.

2) APPLICATION

The amount of financial assistance given per grant approval is **\$1,000 in the form of reimbursement**. A family may receive this grant **twice** in a calendar year (every **6 months** between approval dates.) based upon funding. Only one grant can be open at a time. **A current application dated 7/1/2025 – 03/17/2026 should be submitted. Applications received AFTER 03/17/2026 will have to use the full grant funding by 06/01/2026 regardless of approval date.**

3) APPROVAL

All information on the application must be completed, the last page must be signed, dated, and submitted with a diagnosis letter or prescription pad to be considered for approval. (diagnosis letters will stay on file for one year of date on letter) Applications can be sent via mail, email, fax, or text. (information below) Alzheimer's Arkansas cannot guarantee the availability of funds throughout the entire grant period. The grant will not be effective until after you receive an approval letter via **MAIL**. **After the grant is approved, you will have 3 months (90 days) to use the funds and return the respite service log.**

4) PAYMENT (In the form of REIMBURSEMENT)

A respite service log will be mailed with the approval letter. Use this log to record the dates of service and number of hours. The grant payment is to be determined by the caregiver and care provider. The care provider can be a care providing company, *or* any individual 18 years of age or older, who does not live with the patient. As indicated on the respite log (will be received after approval), you may request payment to yourself as reimbursement or directly to the care provider. If you hire a care providing company, they may submit an invoice directly to Alzheimer's Arkansas for payment. Payment or reimbursement may take up to 15 business days to process.

- **The hired care provider cannot also be the caregiver listed on the application.** This grant is intended to pay for **ONLY** respite care services or to reimburse the cost of relief care. (In-Home Care, Adult Daycare, or Short-Term Facility Stays)
- The hired provider cannot be a CareLink provider.

5) KEY TERMS

Caregiver - Person completing the application who assists the care recipient with daily functions.

Care Recipient - Person receiving care; the patient.

Care Provider - Person who is hired (to be paid) by the caregiver who provides care to the patient (CANNOT be the Caregiver)

Respite - A **short** period of rest or relief from caregiving duties.

6) CONTACT INFORMATION (At the bottom of each 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



KEEP THIS SHEET FOR YOUR RECORDS

GRIEVANCE POLICY

Alzheimer's Arkansas Programs and Services clients may file a grievance or seek resolution of a complaint or concern without fear of retaliation or discontinuation of service. Every client and/or caregiver can be assured that they will be treated with dignity and respect.

WHO MAY APPEAL: any person (or their caregiver) who is receiving or has applied for grants administered directly by Alzheimer's Arkansas Programs and Services.

WHAT YOU MAY APPEAL: decisions made within the grant administration services provided by Alzheimer's Arkansas Programs and Services with which you disagree.

WHERE TO SEND YOUR APPEAL OR GRIEVANCE:

Alzheimer's Arkansas Programs and Services
Grievance Review
201 Markham Center Drive
Little Rock, AR 72205

OR

Email: info@alzark.org

HOW TO APPEAL:

1. You are encouraged to discuss any concerns with the Alzheimer's Arkansas employee assigned to handling your initial request. You should request a conference with this employee before formal grievance procedures are initiated.
2. Should this meeting result in an adverse action or decision, you may request, in writing, reconsideration from the Executive Director. This request is to be made within 7 calendar days of the adverse decision.
3. Within 7 calendar days of receipt of your request, the Executive Director will schedule a reconsideration conference to hear your complaint. A decision concerning your reconsideration will be postmarked within 7 days of the conference.
4. If you are not satisfied with the Executive Director's decision, you have 7 calendar days to request, in writing, a formal hearing before the Executive Committee of the Board of Directors.
5. The Executive Committee will notify you within 7 calendar days of the date, time and place of the hearing. You may be present at the hearing, present evidence and witnesses and cross-examine adverse witnesses.
6. Within 7 calendar days of the hearing, the Executive Committee will mail its findings and decision.
7. If your grievance pertains to the CareLink grant, and you are dissatisfied with this decision, you may contact CareLink (Central Arkansas Area Agency on Aging) at 501-372-5300 or the Division of Provider Services and Quality Assurance (DPSQA) at the Department of Human Services at 501-682-2441.

NOTE: Upon written mutual agreement between client and Alzheimer's Arkansas staff, any or all steps of the Grievance Procedure may be omitted and/or time frames extended. If unable to read and/or write, or if you have a language barrier, Alzheimer's Arkansas will assist you in locating necessary assistance to complete the prescribed procedures.

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**CARELINK CAREGIVER SUPPORT GRANT APPLICATION**

FOR GRANT YEAR – 7/1/2025 – 06/30/2026

IT MAY TAKE UP TO 10 BUSINESS DAYS TO PROCESS THIS APPLICATION**ALL FIELDS ARE REQUIRED & INCOMPLETE APPLICATIONS MAY BE DENIED.****Caregiver Information (unpaid family/friend caregiver):**

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

DOB: _____ SSN: _____

Gender:**Gender Identity:****Ethnicity:**☐ Male

☐ Hispanic or Latino☐ Female☐ Not Hispanic or Latino**Marital Status:**☐ Widowed☐ Married☐ Divorced☐ Single**Race:**☐ White☐ Black/African American☐ American Indian☐ Asian☐ Hispanic ☐ OtherDo you live in a rural area: ☐ Yes ☐ NoDo you live alone: ☐ Yes ☐ No

Relationship to patient: _____

Hours of care you provide daily: _____

How did you hear about this grant? _____

Gross monthly household income: _____

Care Recipient Information (patient):

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

DOB: _____ SSN: _____

Age: _____ (Must be 60 years of age or older)

Gender:**Gender Identity:****Ethnicity:**☐ Male

☐ Hispanic or Latino☐ Female☐ Not Hispanic or Latino**Marital Status:**☐ Widowed☐ Married☐ Divorced☐ Single**Race:**☐ White☐ Black/African American☐ American Indian☐ Asian☐ Hispanic ☐ OtherDoes the patient live in a rural area: ☐ Yes ☐ NoDoes the patient live alone: ☐ Yes ☐ No

Diagnosis: _____

Primary Speaking Language: _____

County Care Recipient Resides In: _____

NOTE: This application MUST be submitted with a diagnosis on doctor's letterhead of any chronic illness that requires the assistance of a caregiver for daily functions. The diagnosis must state the chronic illness, state that the patient requires daily assistance, be signed by the doctor, and dated within a year of submitting this grant application.

For what kind of assistance are you applying?☐ In-Home Care ☐ Adult Daycare ☐ Short-Term Facility Stay**IMPORTANT INFORMATION – PLEASE READ**

The Caregiver *MUST* hire a care provider to provide respite care. The provider can be any individual 18 years of age or older, who does not live with the care recipient (patient) or a care providing company that will provide care services for the patient. The caregiver must pay a care provider or reimburse themselves for payments already made or to be made to a care provider. (A CareLink provider cannot be paid with these grant funds.)

THIS GRANT DOES NOT PAY THE CAREGIVER LISTED ABOVE TO PERFORM THEIR DAILY CAREGIVING DUTIES.

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Your privacy is important to us, please visit alzARK.org/grants to view our full privacy statement. Are there any individuals, other than you, with whom we may share grant information?

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize Alzheimer's Arkansas Programs and Services and CareLink to obtain information about the care recipient/patient to receive respite care services.

INFORMATION MAY BE OBTAINED FROM THE FOLLOWING AGENCY: Department of Human Services

- I understand that my authorization will remain effective from the date of my signature until one year after and that the information will be handled confidentially and in compliance with all federal laws.
- I understand that I may see the information that is to be sent and that I may revoke the authorization at any time.
- I have read and understand the nature of this release.

Signature of Patient/Patient's Designated Representative

Date

CAREGIVER SIGNATURE:

I have read the above information and completed the application. The information I have provided is correct to the best of my knowledge. Furthermore, I understand that:

- **My grant may be declined if I have made any false or incomplete statements on this application, either about myself or on behalf of the patient.**
- I certify that I am the non-paid primary caregiver for the care recipient.
- Alzheimer's Arkansas Programs & Services and CareLink are not liable for the quality of care, any negligence, or outstanding balances associated with the care provider of my choice.
- I have read the Application Process page of this application and understand the terms and conditions of receiving this grant.
- Payment will not be made on services completed prior to my application approval date.
- I must submit the proper records to receive reimbursement.
- Payment for services is limited to fund availability.
- **It may take up to 10 business days to process my application.**

Acceptance & Signature of Caregiver

Date

Funding for this program is provided by the Older Americans Act, National Family Caregiver Support Program, Title III-E Funds. These funds were awarded to CareLink (the central Arkansas Area Agency on Aging) for distribution throughout the six counties in their service area (Pulaski, Saline, Monroe, Prairie, Lonoke, and Faulkner) and are administered by Alzheimer's Arkansas Programs and Services.

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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