Alzheimer's Arkansas Respite Log & Survey

GRANT FUNDS MUST BE USED WITHIN 90 DAYS.

Office Use Only
Grant Name: _____
Grant Number: _____
Amount: $ _____
Hours:_____ x4 = _____total units
Remaining Balance: _____

After grant funds are spent, submit this Respite Log & Survey (FRONT & BACK) or provide invoices/receipts for services from a care provider agency. The log and survey can be mailed, emailed, faxed, OR texted. Contact information at the bottom of each page.

Care Recipient (Patient) Name:_____Grant Name (#):_____

DATE OF SERVICE (ON/AFTER Approval Date)	# HOURS		DAILY TOTAL	Care Provider Name (SIGNATURES REQUIRED)
		=	$	
		=	$	
		=	$	
		=	$	
		=	$	
		=	$	
		=	$	
		=	$	
		=	$	
		=	$	
TOTALS:				

A COPY OF EACH CARE PROVIDER'S DRIVER'S LICENSE MUST BE ATTACHED (UNLESS INVOICE IS ATTACHED.

FOR CARELINK CAREGIVER SUPPORT GRANT RECIPIENTS ONLY

Make Check Payable To: _____

Mailing Address: _____

Reimbursements/Payments may take up to 15 business days to receive once the respite log or invoice is processed by our office.

POST-FUNDING SURVEY & CAREGIVER SIGNATURE MUST BE COMPLETED ON 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/grants/

Alzheimer's Arkansas Grants Respite Log & Survey

Post Funding 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. It was easy finding a respite provider	1	2	3	4	5
2. My stress level had a positive change	1	2	3	4	5
3. Funding 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.)**

_____

_____

_____

_____

_____

Caregiver PRINTED Name:_____

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

Caregiver Signature:_____ **Date:**_____

If you have any questions or concerns involving the completion of this log, please feel free to contact me. I would be happy to answer any questions or concerns that you might have.

Sharayah Wallace

Sharayah Wallace; Grants Manager
(501) 224-0021 EXT 210
grants@alzARK.org

Disclaimer: If you do not return your log, you will not be eligible for future Alzheimer's Arkansas grants.