



**Hope Dementia &
Alzheimer's Services**
Touching Lives

Dear Caregiver:

Thank you for your recent inquiry about our Respite Grant Programs. These programs are designed to help with the cost of care for your loved one so that you, the primary caregiver, can participate in a special event or take some time for yourself.

Enclosed is a description of our Respite Program and an application form for a Respite Grant. When you complete the application, please be sure to include:

- How this grant will provide respite for the caregiver;
- The exact date or dates the care will be provided;
- The name, address, and phone number of the provider you've chosen to deliver the respite services.

If you need any help filling out the application, please don't hesitate to call us. Once your request is approved, payment will be made directly to the provider of the services upon receipt of their invoice. Please note: Respite grant funds are not intended for ongoing or routine care and are not paid to family or friends who provide services.

A staff member will contact you to verify details before your application is submitted for approval. Once you are approved you must use your grant within 30 days of its approval, or contact us for an extension.

We at Hope Dementia & Alzheimer's Services recognize how exhausting your caregiving role can be. If you would like to meet with a member of our staff for care planning, need information about our support groups or help finding resources in the community, please call us at (508) 775-5656.

Sincerely,

Suzanne Faith, RN psych
Senior Director

Please note that Respite funds may be used for in-home care (by a licensed home-health agency), adult-day, or residential programs (i.e. skilled nursing facility or assisted living community.)*

Revised 4/1/2016



Respite Program Description

Respite care is designed to provide an occasional break from the constant physical and emotional stress of caring for a person with Alzheimer's disease. Family caregivers generally find that the task of caring for a person with Alzheimer's disease or a related dementia is overwhelming. An occasional rest for themselves, or assistance with personal care of their loved one, can be just what the exhausted caregiver needs to regroup physically and emotionally, and to find the strength to carry on.

ONGOING RESPITE OPPORTUNITIES

CARES Program: The Hope Dementia CARES program provides every caregiver with the opportunity to take a short break from their caregiver responsibilities once or twice each month on an ongoing basis. CARES offers a 90-minute group session twice monthly where caregivers enjoy respite, support and education in the company of their peers, while a socialization experience is provided for their loved one with memory impairment.

Respite Partners Program: Hope Dementia partners with select Home Care agencies to provide respite for caregivers who wish to participate in Hope Dementia's Caregiver Education Series or explore their interest in participating in a Caregiver Support Group. Interested caregivers should contact Hope Dementia to make arrangements. One of our Respite Partners will provide 9 hours of free in-home care. A nurse will meet with the caregiver and their care recipient in their home to assess their needs, and then provide three 3-hour respite periods to allow the caregiver to attend the Hope Dementia program. Access to this service for caregivers is provided on a first-come basis consistent with the availability of Respite Partner hours.

Current Hope Dementia **Respite Partner** Agencies:

- Bayada Home Health Care
- Home Instead Senior Care

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RESPITE GRANTS

Hope Dementia also offers Respite Grants that caregivers may apply for and use at their own discretion. A family caregiver is eligible to apply for, and receive, one grant every six months. Please review the guidelines for each type of respite grant to determine the one most suitable for your needs.

Currently we have three (3) types of respite grants available as follows:

1. Adult Day Care Grants - \$500 maximum

These grants are intended for families who are not currently enrolled in an adult day program or who may need an additional day of care for a family member for a brief period of time. This program is not intended for routine or on-going care.

2. In-Patient Skilled Nursing Facility or Assisted Living - \$1000 maximum

These grants are intended to provide the caregiver with an extended break when he or she has an overnight obligation. Grants can be used to arrange for care of their loved one in an In-Patient Skilled Nursing Facility or Assisted Living facility.

Many of the skilled nursing facilities and assisted living communities in our service area have dementia care units. They must be contacted by the family in advance to determine if a bed is available and secure a reservation. Charges above the amount of the grant are the responsibility of the family.

3. Licensed In-Home Services - \$750 maximum

Funds can be used to cover the cost of in-home care for socialization, personal care assistance and/or overnight care. Services are arranged at the discretion of the caregiver but must be delivered by a professional caregiving agency.

Respite Grant Eligibility Requirements and Restrictions:

Any person who is the primary caregiver for a person with Alzheimer's disease or a related dementia and who resides in the HopeHealth service area is eligible to apply for respite funds.

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Families may select one of our **Respite Partners** for their services or arrange for services with the provider of their choice.

In an effort to ensure that all caregivers have timely access to respite grants, all approved grants must be used within 30 days of the approval. Grants not used within the 30 day period will be forfeited unless the caregivers contacts Hope Dementia to arrange for an extension.

Respite grant funds are not intended for ongoing or routine care and are not paid to family or friends who provide services.

Families receiving Hospice Services and support are currently ineligible for this program. Each Hospice organization has their own respite program. Please inquire about this service with your Hospice team.

Invoice Guidelines

A W-9 must be received by the agency provider prior to payment for services rendered. Invoice to read as follows:

Bill to: Family member responsible for account
Service address

Due From: Hope Dementia & Alzheimer's Services Respite Grant
Dates of Service and name of client to be included on invoice

A sample invoice will be provided to the agency along with a copy of your award letter. Once the request is approved, payment will be made directly to the provider of the services upon receipt of their invoice.



Respite Grant Application

Date of application: _____

Name of Person with Dementia: _____ DOB: _____

Address: _____

Phone: _____

Name of Primary Family Caregiver: _____ DOB: _____

Address: _____

Email: _____ Phone: _____

Relationship of primary caregiver to care recipient: _____

Name of applicant: (if other than primary family caregiver) _____

Diagnosis Information:

Diagnosis: (Alzheimer's disease or a related disorder) _____

Year Diagnosed: _____ Diagnosed by: _____

Tell us how the respite grant will be used:

When is the respite care needed? (Please give specific dates and times) _____

How will this grant provide a temporary respite break for the caregiver? _____

Name of organization/agency to provide respite care? _____

Care Providers' Addresses
& contact telephone #: _____

Total cost of services: _____ Grant amount requested: _____

Type of Grant Desired: Adult Day - \$500 max In-Home Respite - \$750 max
 Overnight - \$1000 max

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1. Who referred you to Hope Dementia & Alzheimer's Services? _____
2. What are the most challenging aspects of your caregiving?

3. What do you hope to be the result of receiving respite services?

4. Gender - Caregiver _____ Gender - Care Recipient _____
5. Ethnicity (please circle)

Native American	African American	Asian	
Pacific Islander	Caucasian	Bi-racial	Other _____
6. Household size: _____
7. Annual Household Income: (please circle – response does not affect award)

0-\$9,999	\$10,000 - \$19,999	\$20,000 - \$29, 999
\$30,000 – \$39,000	\$40,000 - \$49,000	\$50,000 – up

Hope Dementia & Alzheimer's Services consent for services

Hope Dementia & Alzheimer's Services regularly tracks participation in our programs. This enables us to demonstrate their effectiveness for when we seek grant funding. In order to measure the success of our existing programs and improve upon them, we ask you to allow our staff to communicate with each other regarding your participation in the HopeHealth family of services: Hope Hospice, Hope HouseCalls, Hope Dementia & Alzheimer's Services, and Hope Community Care. Communication is solely limited to program participation and does not extend to protected health information. **Please indicate your acceptance with your signature.**

Signature

Date

Thank you for taking a moment to complete

FOR OFFICE USE: Results of follow up telephone call when grant is utilized

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