



Radnor Station Building #2 Suite 200
290 King of Prussia Road
Radnor, PA 19087
Tel (267)514-7221
Toll-Free (866) 507-7222
www.FTD-Picks.org

Dear Family Caregiver,

Thank you for your interest in The Association for Frontotemporal Dementias Caregiver Travel Grant program. We know how difficult it can be for caregivers to arrange to attend FTD specific caregiver and educational conferences. Several medical research centers now host FTD conferences, but you may need to make arrangements for travel, lodging and/or respite for your loved one in order to attend. AFTD is pleased to help with the cost if it will make it possible for you to benefit from one of these special opportunities.

FTD conferences can help you to learn about care planning and stay current with advances in research into these devastating disorders. It is also a great way to meet other caregivers who may be facing similar challenges to you. We invite you to apply for a travel grant based on your anticipated expenses. All requests received for a particular event will be reviewed and grants awarded as funding permits. Once approved, you make the arrangements and submit receipts to AFTD for reimbursement up to the grant amount. If it is not possible to wait for reimbursement, we will work with you on other arrangements.

Please complete the attached application and return it to me for consideration. The travel grants are just one way that AFTD can support you in the tremendous work you do as a caregiver. Together we will continue “opening the gateway to help and a cure” and improve the future for people with frontotemporal dementias and their families

Sincerely,

Sharon S. Denny

AFTD Program Director

267-514-7221 or 866-507-7222 (toll free)
info@ftd-picks.org

AFTD Caregiver Travel Grant Application

Fill out and return this page to:

Program Director
via email: info@ftd-picks.org
The Association for Frontotemporal Dementias
Radnor Station Building #2 Suite 200
290 King of Prussia Road
Radnor, PA 19087

PRIMARY FAMILY CAREGIVER'S INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email address: _____

Relationship to person diagnosed _____

Does the person with FTD live with you? Yes No

Number of children under age 18 who live with the family member who has FTD _____

PATIENT INFORMATION

Name: _____ Date of Birth: _____

What is your loved one's diagnosis? _____

Date and place of diagnosis: _____

CONFERENCE TRAVEL INFORMATION

Which caregiver/educational conference are you planning to attend?

Distance in miles from conference location: _____

Method of transportation to conference: _____

Respite care needed for your loved one during this conference:

- At home with another family member
- At home with paid caregiver
- Nursing home respite care
- Nursing home resident
- Other – Please specify _____

Statement of Needs:

Amount of Grant requested: \$_____

How did you hear or learn about AFTD's Travel Grants? (Select all that apply)

- AFTD website
- FTD support group
- Friend or relative
- AFTD staff
- Other healthcare or community service provider

Required Signature

I understand the above information to be correct as of _____
Date

Signature of Caregiver: _____

For Office Use Only:
