



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 Respite Care Financial Assistance Program. We know how difficult it can be for caregivers to meet their own needs while caring for a loved one at home. To provide some relief AFTD has designated funding for small grants to full-time caregivers for respite.

The constant physical and emotional demands of caregiving can be overwhelming. It is important to take time for yourself, because reducing your stress can make the experience of caring for a loved one more positive and may enable the person with FTD to remain home longer. AFTD's Respite Care grants are intended to help full-time, unpaid caregivers to arrange short-term daytime or overnight care for their loved one. You decide the best use of the funds based on your situation and needs.

Caregivers are invited to apply for one grant of up to \$500 per year. Once approved, you arrange the respite and submit receipts or documentation 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. People who received a grant in a prior year are welcome to apply again.

This is just one way that AFTD can support you in the tremendous work you do as a family caregiver. Together we will continue to work for both *care* and a *cure* to change the future for people with frontotemporal dementias and their families.

Sincerely,

*Susan Eissler*

Susan Eissler  
Chair, AFTD Caregiver Respite Committee

*AFTD is a non-profit, 501(c)(3), charitable organization. A copy of AFTD's official registration and financial information may be obtained from the PA Department of State by calling toll free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.*



## **Respite Care Financial Assistance Program**

### **Program Goals**

- Provide time off (respite) for unpaid caregivers
- Provide caregivers one grant up to \$500 for respite care per calendar year
- Maintain or improve caregiver health through use of respite care
- Person with frontotemporal dementia may be able to remain home longer

### **Types of Respite Care**

- Caregivers must locate and make arrangements for all respite care. Options may include:
  - In-home care (including family members and other community resources)
  - Adult day services
  - Short-term, overnight care in Assisted Living or a Nursing Home, or in patient's home

### **How to Qualify**

- Caregiver and person with FTD/PPA must live together and be residents of US or Canada.
- Individual with dementia cannot be under Medicaid or related government care services, which are already paying for respite care.
- Provide documentation of diagnosis with frontotemporal dementia. A copy of an evaluation done by the diagnosing physician is preferred.

### **Stipulations:**

- Applicant is responsible for contracting with the service vendor of his or her choice.
- Applicant is responsible for ensuring that the bill for services rendered is submitted to the Program Director at the AFTD office after the services have been used.
- Applicant will be reimbursed for expenses up to the amount of the grant.
- *Funds should be used within six months of award date.*

For questions related to the Caregiver's Respite Care Financial Assistance Program, or for assistance in completing this application, please contact:

Sharon Denny, Program Director, AFTD  
267-514-7221 or [info@ftd-picks.org](mailto:info@ftd-picks.org)  
866-507-7222 (Toll-free)

***Keep this page for your records***

# Application for Respite Care Financial Assistance

Fill out and return this page with documentation of FTD diagnosis to:

Program Director

via email: info@ftd-picks.org

The Association for Frontotemporal Dementias

Radnor Station Bldg #2, Suite 200

290 King of Prussia Rd.

Radnor, PA 19087

## PRIMARY FAMILY CAREGIVER'S INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

What type of respite do you anticipate using? \_\_\_\_\_

\_\_\_\_\_

Did you receive an AFTD caregiver respite grant in a prior year? If yes, when \_\_\_\_\_

## PATIENT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Is patient currently receiving respite funds under Medicaid? Yes \_\_\_ No \_\_\_

Has he/she been diagnosed with frontotemporal dementia? Yes \_\_\_ No \_\_\_

Date of Diagnosis: \_\_\_\_\_

**How did you hear or learn about this program?** (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 Primary Family Caregiver: \_\_\_\_\_

---

For Office Use Only:

\_\_\_\_\_