



The Association for
Frontotemporal Degeneration
Opening the gateway to help and a cure

Radnor Station Building 2 Suite 320
290 King of Prussia Road
Radnor, PA 19087
267-514-7221
Toll-Free 866-507-7222
www.theaftd.org

Dear Family Caregiver,

Thank you for your interest in The Association for Frontotemporal Degeneration Comstock Caregiver Respite 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 Comstock Caregiver Respite Program 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 degeneration and their families.

Sincerely,

Susan Eissler

Susan Eissler
Chair, AFTD Comstock Caregiver Respite Program Committee



Comstock Caregiver Respite 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 degeneration 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 must live together and be residents of US or Canada.
- Individual with FTD cannot be under Medicaid or related government care services, which are already paying for respite care.
- Provide documentation of diagnosis with frontotemporal degeneration. A copy of an evaluation done by the diagnosing physician is preferred. *The confidentiality of all personal information is protected.*

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 Comstock Caregiver Respite Program, or for assistance in completing this application, please contact:

Sharon Denny, Program Director, AFTD
267-514-7221 or info@theaftd.org
866-507-7222 (Toll-free)

Keep this page for your records

Application for Comstock Caregiver Respite Program Grant

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

AFTD

Radnor Station Bldg #2, Suite 320

290 King of Prussia Rd.

Radnor, PA 19087

via email: info@theaftd.org

PRIMARY FAMILY CAREGIVER'S INFORMATION

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Relationship to Patient: _____

Does the person live with you? Yes No

Have you ever received an AFTD caregiver respite grant before? Yes (Year _____) No

What type of respite do you anticipate using? _____

PATIENT INFORMATION

Name: _____ Date of Birth: _____

Is patient currently receiving respite funds under Medicaid? Yes No

Has he/she been diagnosed with frontotemporal degeneration? 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:

