



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 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 a full evaluation by the diagnosing physician is preferred.** *The confidentiality of all personal information is protected. Once diagnosis is established, clinical records are destroyed.*

### 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 Coordinator at the AFTD office **after** the services have been used. Payment for services used before the award date is not permitted.
- 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:

Matthew Sharp, AFTD Program Coordinator  
267-514-7221 or [info@theaftd.org](mailto: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: (If you have received a grant in a prior year, clinical information is not necessary unless there has been a change in diagnosis.)

**AFTD**

**Radnor Station Bldg #2, Suite 320**

**290 King of Prussia Rd.**

**Radnor, PA 19087**

**via email: [info@theaftd.org](mailto: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? (ie: in-home care, day services, facility respite) \_\_\_\_\_

\_\_\_\_\_

## 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)

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> AFTD website | <input type="checkbox"/> FTD support group                              | <input type="checkbox"/> Friend or relative |
| <input type="checkbox"/> AFTD staff   | <input type="checkbox"/> Other healthcare or community service provider |   |

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## **Required Signature**

I understand the above information to be correct as of \_\_\_\_\_

Date

Signature of Primary Family Caregiver: \_\_\_\_\_

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For Office Use Only:

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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.