



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's Caregiver Travel Grant program. We know how difficult it can be for family caregivers to arrange to attend FTD specific educational conferences. Several medical centers and organizations 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 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. Please complete the attached application based on your anticipated expenses and return it to me for consideration. All requests received for a particular event will be reviewed together and grants will be awarded as funding permits. Once approved, you make the arrangements and submit receipts to AFTD for reimbursement up to the grant amount.

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 degeneration and their families.

Sincerely,

Matthew Sharp

Matthew Sharp, MSS
AFTD Program Coordinator
phone: 267-514-7221 or 866-507-7222 (toll free)
email: info@theaftd.org



Travel Grant Program

Program Goals

- Improve caregiver access to current information and resources in FTD care management and research.
- Provide modest financial assistance to family caregivers to make it possible to attend an FTD education conference.

How to Qualify

- Applicant must be a family member or primary unpaid caregiver for a person with FTD and a resident of the US or Canada.
- Only one travel grant will be awarded per family for each conference.

Stipulations:

- Maximum amount awarded for a single travel grant is \$400
- Funds can only be used for approved FTD education conferences and events.
- Applicant bears sole responsibility for contacting the Program Coordinator at AFTD's office and submitting receipts for approved travel expenses for reimbursement.
- Applicant may submit receipts for airfare, lodging, and/or respite services for a loved one diagnosed with FTD at any time after a grant is approved. Other expenses related to travel must be approved by AFTD Program Coordinator before receipts may be submitted for reimbursement.
- AFTD will send reimbursements to applicants by mail ***after the date of the event or conference to be attended*** unless another arrangement has been made between AFTD and travel grant applicant.
- Applicant will only be reimbursed for the amount of approved expenses shown on receipts and up to the total amount awarded.

For questions related to the AFTD Travel Grant Program, or for assistance in completing this application, please contact:

Matthew Sharp, AFTD Program Coordinator
267-514-7221 or info@theaftd.org
866-507-7222 (Toll-free)

Keep this page for your records

AFTD Caregiver Travel Grant Application

Fill out and return this page to:

Program Coordinator
The Association for Frontotemporal Degeneration
Radnor Station Building 2, Suite 320
290 King of Prussia Road
Radnor, PA 19087

via email: info@theaftd.org

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 conference are you planning to attend? _____

Distance in miles to conference location: _____

Amount of grant requested: \$ _____

Estimate of expenses:

Conference fee: \$ _____

Round trip transportation: \$ _____ Method: Car Train Air Bus Other
(Circle one)

Total lodging: \$ _____ Number of nights required: _____

Parking/taxi/misc: \$ _____

Comments/clarification/questions:

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

Have you received a prior Travel Grant from AFTD?

Yes (if so, year _____) No

Required Signature

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

Signature of Caregiver: _____