



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  
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www.theaftd.org

Dear Family Caregiver,

Thank you for your interest in AFTD's Comstock Respite and Travel Grant 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 Respite Grants are intended to help full-time, unpaid caregivers 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 respite grant of up to \$500 per year. Once approved, you arrange the respite care and submit receipts or other documentation to AFTD for reimbursement up to the grant amount of \$500. People who receive a grant are welcome to apply again during the next fiscal year without submitting additional medical records. AFTD will ask to see current medical records only from people applying for their 5<sup>th</sup> respite grant.

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,

*Hal Perkins*

Harold "Hal" Perkins, III, M.P.H  
AFTD Programs and Services Assistant  
phone: 267-758-8655 or 267-514-7221  
email: hperkins@theaftd.org



## Comstock Respite Grant Guidelines

### Goals

- Provide time off (respite) for unpaid caregivers
- Provide caregivers one \$500 grant for respite care per AFTD *fiscal* year (July 1st – June 30<sup>th</sup>)
- Maintain or improve caregiver well-being 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 at home or in assisted living or skilled nursing home

### How to Qualify

- Caregiver and person with FTD must live together and be residents of US or Canada.
- Individual with FTD cannot be currently receiving respite care through Hospice or any service covered by Medicare, Veterans Administration or other public healthcare benefits.
- 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. Medical records are destroyed after initial grant is approved and closed.*

### 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 AFTD
- AFTD will only reimburse grantees for respite services used ***AFTER*** the date a grant is approved
- AFTD will reimburse grantee for up to \$500 of the cost of respite services.
- Submit additional medical records from current physician when applying for fifth respite grant
- **Contact AFTD If you cannot use respite Funds within six months of the approval date.**

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

Hal Perkins, M.P.H., AFTD Programs and Services Assistant  
phone: 267-758-8655 or 267-514-7221  
email: [hperkins@theaftd.org](mailto:hperkins@theaftd.org)

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

# Comstock Respite Grant Application

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: [hperkins@theaftd.org](mailto:hperkins@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 learn about the Comstock Respite and Travel Grant Program?** (Select all that apply)

AFTD website

FTD support group

Friend or relative

AFTD staff

Other healthcare or community service provider

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### Required Signature

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

[Today's Date]

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

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For Office Use Only: