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 5th 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
e-mail: 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 30th)
- 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

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

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

Required Signature
I understand the above information to be correct as of ___________________________ [Today’s Date]

Signature of Primary Family Caregiver: ___________________________

For Office Use Only:

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.