



2700 Horizon Drive, Suite 120
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Dear Friend,

Thank you for your interest in AFTD's Comstock Quality of Life Grant. We are excited to offer this unique resource to people with an FTD disorder. The purpose of the Quality of Life Grants is to help persons with FTD to access needed services or support that they could not otherwise afford.

The changes that come with FTD make it harder to have a job, drive, do everyday tasks and enjoy time with friends and family. Paying for the resources you need to do your best can be difficult. AFTD's Comstock Quality of Life Grants are intended to help persons with FTD defray the cost of goods or services that will improve their lives today. We offer some examples of how the grant may be used, but you decide what will help most based on your individual situation and needs. Care-partners may help use the Quality of Life funds, as needed, **but only on goods or services to benefit the person with FTD.**

Persons with FTD may apply for one Comstock Quality of Life grant per AFTD fiscal year (July 1st – June 30th). Once approved, you will be given a pre-paid debit card for \$500. Each debit card will have a tracking number that allows AFTD to see where the grant is used without you needing to worry about receipts or reimbursement.

After the grant money is used we will ask for your feedback to help us keep offering the grant to more people in the future. The Comstock Grant program is just one way that AFTD can assist you and your family to live as well as possible with FTD. Working together we will improve care and services for people with frontotemporal degeneration and their families, and drive research until there is a cure.

Sincerely,

Matt Sharp

Matt Sharp, MSS

AFTD Program Manager

phone: 267-758-8651 or 267-514-7221

email: msharp@theaftd.org

Comstock Quality of Life Grant Guidelines

Goals

- Help persons with FTD to access needed services or support that they could not otherwise afford.
- Provide funding for equipment, services or supplies to help persons with FTD to live with dignity and enjoy quality of life.
- Assist persons with FTD to participate in their preferred activities or maintain daily activities.
- Supplement other sources of income, entitlement benefits and insurance for things otherwise not available.

Examples of Quality of Life Grant Uses include but are not limited to:

- Communication tools (writing board, computer software, apps, etc.).
- Transportation costs (taxi, accessible van, etc.).
- Companion care
- Medication costs
- Insurance co-pays
- Therapies (occupational, physical, speech, or counseling services)
- Broadband or internet costs (to maintain on-line support)
- Smartphone or iPad
- Home adaptations
- Gym membership or exercise class
- Unreimbursed travel to participate in FTD research
- Grooming and cosmetics (Haircuts, manicure/pedicure etc....)

How to Qualify

- Applicants must be diagnosed with an FTD disorder: behavioral variant FTD (bvFTD), primary progressive aphasia (PPA), progressive supranuclear palsy (PSP), corticobasal degeneration (CBD), or ALS with FTD.
- Must be a resident of US.
- Provide copies of diagnostic report(s) showing how the diagnosis of FTD was made. ***The confidentiality of all personal information is protected. Medical records are destroyed after the initial grant is approved.***

Stipulations

- Applicant is responsible for all arrangements related to researching and securing the equipment, supplies or services of their choice.
- Applicant is responsible for using the debit card provided to pay for the equipment, supplies or services desired under the grant.
- Any expense above the \$500 grant is the full responsibility of the applicant.
- **All applicants must list a secondary contact.** This individual should be available to assist the applicant with the application and/or use of the grant as needed. AFTD reserves the right to contact the secondary contact at any time in relation to the grant.
- Any blatant misuse of the grant funds awarded through the card, including use of the funds for the sole benefit of the primary care-partner, will disqualify applicant from consideration for future Comstock Quality of Life grants.

Grant Recipients are asked to:

- Contact AFTD right away if you lose the card.
- Contact AFTD if you cannot use grant funds within six months of the approval date.
- Respond to requests from AFTD for information about the grant program to help refine it for future applicants.

For questions related to the Comstock Quality of Life Grants, or for assistance in completing this application, please contact:

Matt Sharp, MSS, AFTD Program Manager
phone: 267-758-8651 or 267-514-7221 (ext. 2529)
email: msharp@theaftd.org

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

Have you or your primary care partner ever received a Comstock Travel or Care-partner Respite Grant from AFTD? Yes (Year ____) No

How did you learn about the Comstock Quality of Life Grant? (Select all that apply)

- AFTD website FTD support group Friend or relative
 AFTD staff Other healthcare or community service provider

SECONDARY CONTACT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email address: _____

Relationship to the person diagnosed:

- Spouse or partner
 Adult child
 Family (please specify) _____
 Friend
 Representative of an agency or organization
-

Required signatures

I understand the above information to be correct as of _____
[Today's Date]

Signature of Applicant: _____

Signature of Secondary Contact: _____

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.