The Association for Frontotemporal Degeneration
FIND HELP·SHARE HOPE

2700 Horizon Drive, Suite 120
King of Prussia, PA 19406
267.514.7221
info@theaftd.org
www.theaftd.org

Dear Family Care partner,

Thank you for your interest in AFTD's Comstock Respite Grant. We know how difficult it can be for care partners to meet their own needs while caring for a loved one at home. AFTD's respite grant may be used to cover the cost of respite care, where it can be arranged during the pandemic. Care partners may also use respite grants for healthcare services and goods that help maintain their physical, emotional and psychological well-being or for other out-of-pocket caregiving expenses.

The constant physical and emotional demands of caring for a loved-one with FTD can be overwhelming. It is important to take time for yourself, because reducing your stress can make being a care-partner more positive and may enable the person with FTD to remain at home longer. You decide the best use of the funds based on your situation and needs.

Care-partners may apply for one AFTD Comstock Respite Grant per fiscal year for as long as necessary. Individuals applying for their 5th or 10th grant will be asked to submit records showing that the person with FTD is receiving on-going medical care or services. Once approved, you arrange the services or purchase the goods you need and submit a request to AFTD for reimbursement up to the grant amount of $500. You can submit a reimbursement request by mail or email or use our online reimbursement form. AFTD reserves the right to ask for receipts or other documentation as needed from grantees who use the online reimbursement form.

The Comstock Grant program is just one way that AFTD can support you in the tremendous work you do as a family care-partner. 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,

Esther Kane

Esther Kane, BSN, RN-CDP
Director of Support and Education
phone: 484-582-6593 or 267-514-7221
email: ComstockGrants@theaftd.org

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Comstock Respite Grant Guidelines

Goals

- Help family care partners to meet their own needs while caring for a loved one at home.
- Provide time off (respite) for unpaid care partners
- Help fulltime unpaid care partners access healthcare services or goods to maintain their own emotional, psychological and physical health.
- Maintain or improve care-partner well-being through use of respite and/or self-care which may enable the person with frontotemporal degeneration to remain home longer

Types of Respite Care and other services

- Care partners must locate and arrange all respite care and other services. Options may include but are not limited to:
  - 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
  - Mental health counseling or therapy
  - Yoga, mindfulness or other classes or resources to maintain well-being
  - Broadband or internet costs (to maintain on-line support)
  - Medication costs and Insurance co-pays
  - Smartphone or iPad technology for access to on-line support and resources
  - Communication tools (writing board, computer software, apps, etc.).

How to Qualify

- Care partner and person with FTD must live together and be residents of the U.S.
- Funds cannot be used for respite care if the individual with FTD is currently receiving respite care through Hospice or any service covered by Medicare, Veterans Administration or other public healthcare benefits.
- Provide copies of diagnostic report(s) showing how the diagnosis of FTD was made. **A copy of a full evaluation by the diagnosing physician is preferred**. Other acceptable records include a report from neuropsychological testing and/or brain imaging tests such as MRI or PET scans. If diagnostic records are not available, a letter from a current physician detailing what diagnostic records they have seen may be acceptable.
- ***The confidentiality of all personal information is protected. Medical records are destroyed after initial grant is approved.***

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Stipulations:

- Applicant is responsible for contracting with the service vendor of his or her choice.
- AFTD will only reimburse grantees for expenses incurred ***AFTER*** the date a grant is approved
- Applicant is responsible for ensuring that the bill for services rendered or other receipts are available to AFTD upon request.
- AFTD will reimburse grantee for up to $500.
- Submit additional medical records from current physician when applying for every fifth respite grant
- **Contact AFTD If you cannot use grant funds within six months of the approval date.**

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

Esther Kane, BSN, RN-CDP,
Director of Support and Education
phone: 484-582-6593 or 267-514-7221
email: ComstockGrants@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, medical information is not necessary unless there has been a change in diagnosis.)***

AFTD
2700 Horizon Drive, Suite 120
King of Prussia, PA 19406 **via email: comstockgrants@theaftd.org**

PRIMARY FAMILY CARE PARTNER'S INFORMATION

Name:_____ Date of Birth:_____

Address: _____

City:_____ State:_____ Zip: _____

Phone:_____ Email address: _____

Relationship to Person with FTD: _____

Does the person live with you? Yes ☐ No ☐

Have you ever received an AFTD care partner respite grant before? Yes ☐ (Year____) No ☐

How do you anticipate using the grant?

_____

PATIENT INFORMATION

Name:_____ Date of Birth: _____

Does the person with FTD currently receive respite care? Yes ☐ No ☐

Have they been diagnosed with frontotemporal degeneration? Yes ☐ No ☐

Subtype (if known): bvFTD ☐ PPA ☐ CBD ☐ PSP ☐ FTD/ALS ☐

Date of Diagnosis:_____

How did you learn about the Comstock 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 Care-partner: _____

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.