

Fund Purpose:

To provide respite or relief to the primary caregiver of an individual with a diagnosis of dementia.

Who Can Apply?

Residents of St. Clair County who are the primary caregiver of an individual with a form of dementia. Please note, this grant is only available to applicants who are not currently receiving charity respite care through other St. Clair County agencies. There are no income requirements for program eligibility.

Who Provides the Care?

Local healthcare agencies (see list below) will provide the care for your loved one in your home or at an adult day program. Our partnering healthcare agencies provide staff educated in dementia care that are committed to providing quality respite care. All staff have passed a thorough background check.

How Can I Use This Program?

The agency will work with you to deliver services based on your request, need, and aide availability. Funds are available in amounts up to \$1,500.00 per calendar year from date of award and paid directly to the agency. Any fees accrued beyond \$1,500 are not the responsibility of the grant.

Application Process:

Complete and submit the application form on the reverse side. Mail the completed application along with a dementia diagnosis from attending physician to: D.A.A., Attention: Respite Care Fund, 600 Grand River Ave, Port Huron, MI 48060

Note: Applications are reviewed on a bi-monthly basis by Resource Committee members. After your application has been reviewed, we will contact you and your preferred care provider. This grant is available on a first come, first serve basis and fund availability. All applications will remain on file for one year.

* If you require immediate or extended respite care, please contact your physician or local home health agency. Many home health agencies have charity care respite dollars readily available.

Our Approved Providers

Adult Day Programs

Council on Aging Starpath Adult Day Services 810-984-8970 Life Skills Centers, Inc. Memory Care Services 810-331-0030

Care In The Home

Comfort Keepers (888) 917-3894

Council on Aging Personal Care (810) 987-8811

Rx Family Home Care Services (810) 328-3934

Vinculum Care (810) 357-8792 hussaine@vinculumcare.com Visiting Nurse Association Health Services Private Duty Care toll free (1-800) 959-4131 or (810) 989-2437 Senior Helpers (586) 271-0896

Visiting Angels (810) 966-2273

Respite Care Fund Application

Date:	
Please tell us about the individual with dementia (Applic	ant):
Name:	
Date of Birth:	Age:
Address:	City:
Has the individual received a dementia diagnosis? YES	ΝΟ
In the past 12 months has the applicant received respite care assistance from any organization? YES NO If yes, name of organization:	
Has the applicant ever been awarded funds through th	is grant? YES NO
Name of person completing this application:	
Relation to Applicant:	
Daytime Phone Number:	_ Other:
Please briefly explain your need for respite care:	
What Agapay will you be using with this grant? Disease	acleat the reapite care provider from
What Agency will you be using with this grant? <i>Please</i> s the provider list above.	select the respire care provider from

I have read the information provided herein and understand that the Dementia & Alzheimer's Association of St. Clair County is not responsible for any negligence on the part of the agency providing services.

Signature: _____