



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 \$1,500.00 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 (if applicable) to: **DAASCC. Attn: Respite Care Fund, P.O. Box 610405, Port Huron, MI 48061.**

Note: Applications are reviewed on a bi-monthly basis by DAASCC 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

**Blue Water Home
Care & Hospice**
810-984-4131

Comfort Keepers
810-207-3453

Council on Aging Personal Care
810-987-8811

Senior Helpers
586-271-0896

Visiting Angels
810-966-2273



Dementia & Alzheimer's Association
of St. Clair County
Advocacy · Education · Resources · Support

Respite Care Fund Application

Date: _____

Please tell us about the individual with dementia (Applicant):

Name: _____

Date of Birth: _____ Age: _____

Address: _____ City: _____

Has the individual received a dementia diagnosis? **YES:** _____ **NO:** _____

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 this grant? **YES:** _____ **NO:** _____

Name of person completing this application: _____

Relation to applicant: _____

Daytime Phone Number: _____ Other: _____

Contact Email: _____

Please briefly explain your need for respite care:

Which Agency would you prefer to use with this grant? *(Please select the respite care provider from the provider list above).*

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.

Please note: Not required: please provide supporting diagnosis documentation, if available.

Signature: _____