

Family Respite Care Grants



As a nonprofit member organization of the Alzheimer's Foundation of America (AFA), you are eligible to apply for funding through AFA's various grant processes, including **Family Respite Care Grants**.

About the Grants

As the incidence of Alzheimer's disease and related dementias increases nationally, more and more families are finding themselves thrust into caregiving roles. In fact, the majority of care provided to people with the disease is by unpaid family members. Research indicates that these responsibilities increase the risk of illness and mortality for the caregiver, and earlier institutionalization for the person with dementia. According to an AFA survey of family caregivers, the majority of respondents believe that more help with day-to-day caregiving activities, financial support, emotional support, and more free time for self-care would help ease the overwhelming responsibilities of caregiving.

AFA has created the Family Respite Care Grants in response to this demand for relief.

Selected grants will be named the Phyllis and Milton Berg Family Respite Care Grant, to honor the deceased parents of Barry E. Berg, a member of AFA's board of trustees; or the Anna P. Brodsky Family Respite Care Grant, to honor the late mother of AFA Board Chairman Bert E. Brodsky.

These grants will provide scholarships only to qualified individuals with a diagnosis of

Alzheimer's disease or a related dementia and/or their families to take advantage of respite services. Respite services include social model adult day programs, in-home aides, companion care, overnight respite, etc. As a result of the grants, caregivers will obtain much needed "time off"; individuals with dementia will receive supervision and socialization; and grassroots organizations will net additional support to service their communities.

The Family Respite Care Grants are awarded via a competitive application process to AFA nonprofit member organizations in good standing that submit grant applications; the grants must be utilized to provide scholarship funding to clients (individuals with Alzheimer's disease or a related dementia and/or their families) with financial needs. The scholarships are for services offered at the grantee's own organization or another agency, such as adult day programs, in-home aides, or hospice care.

In each grant cycle, an organization may request funding of up to \$5,000 to assist clients.

The organization can decide how many scholarships it will award with the grant monies based on the unique needs of its clients. However, AFA requires a maximum scholarship of \$2,500 per client in a grant cycle. Organizations can opt to provide small scholarships and, thus, serve more clients. For example, an organization can divide a \$5,000 grant into scholarships of \$2,500 each to two clients, \$1,000 each to five clients, \$500 each to 10 clients, etc.

The grantee is responsible for setting financial or other guidelines for client qualification; accepting and processing scholarship applications; and ensuring that the funds are spent on respite services at their own organizations or another agency, or returned if unused. Grant monies must be used within one year of the grant award; any unused funds must be returned to AFA.

AFA offers the Family Respite Care Grants in the spring (received deadline May 1) and the fall (received deadline November 15) of each year. Organizations that have been awarded a Family Respite Care Grant in the previous cycle must wait one calendar year before applying again.

Criteria for Funding

Grant eligibility is open to any AFA nonprofit member organization in good standing. However, AFA is looking to fund those organizations that have limited funding to provide scholarships sufficient to meet community demand and that serve clients with the greatest need for respite services as determined by their selection criteria. An organization that does not offer respite services can still apply for the grant and allows clients to use the scholarships at another agency.

Evaluation is based on:

- Community need, based on local demographic information about the incidence of dementia, socioeconomic status, and the availability of other dementia specific resources
- Program requirement that all potential scholarship recipients have a diagnosis of dementia and have financial need

- Other funding sources for respite care scholarships
- Selection criteria for scholarship recipients developed by member organization based on client demand; the criteria should take into account measurable and verifiable financial need of clients, level of care needs, and individual family situations
- Organization's strength as a respite service (in-house or at another agency), with evidence of program outcomes and "best practices"
- Program budget with evidence that organization's budget is being utilized effectively to meet needs of current clients and that awarded funds will be utilized efficiently*

**If an organization does not provide its own respite services (and clients will be using scholarships at other agencies), please attach an additional sheet that explains some of the available services in the community, and the clients' utilization and experiences with these agencies.*

Reporting Guidelines

To help evaluate the Family Respite Care Grants and share results with relevant stakeholders, all grant recipients must submit a final outcomes and assessment report within one year of receipt of funds. AFA will provide the report criteria to each grant recipient following the award; the grant report includes the total number of full or partial scholarships funded by this grant, the number of new or existing clients, and a profile (demographics and utilization) of each client served (not including any identifying information).

For more information, please call 866.232.8484 or e-mail membership@alzfdn.org.

Family Respite Care Grants



Please complete this form in its entirety, attach your organizations W-9, and mail/fax/email to:
Alzheimer's Foundation of America
322 Eighth Ave, 7th Floor, New York, NY 10001
Attn: Family Respite Care Grants Proposal
Phone: 866.232.8484 Fax: 646.638.1546 E-mail: membership@alzfdn.org
Deadlines: **Spring:** (received by) May 1 **Fall:** (received by) November 15
**Please add attachments should you need more space than provided.*

Organization Information

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

PHONE

WEBSITE

CONTACT PERSON

TITLE

E-MAIL

Have you applied for the Family Respite Care Grants in the past? Yes No

Have you been awarded the Family Respite Care Grant in the past? Yes No

If yes, when (cycle, year)? _____

Background

YEAR ORGANIZATION WAS FOUNDED

NUMBER OF (ORGANIZATION-WIDE) EMPLOYEES

NUMBER OF (ORGANIZATION-WIDE) VOLUNTEERS

NUMBER OF (ORGANIZATION-WIDE) CLIENTS ANNUALLY

ANNUAL (ORGANIZATION-WIDE) BUDGET

TOTAL POPULATION AND PERCENTAGE OF THOSE FALLING BELOW
FEDERAL POVERTY LINE IN COMMUNITY SERVED

INCIDENCE OF DEMENTIA IN THE COMMUNITY
(AS A WHOLE, NOT LIMITED TO YOUR ORGANIZATION)

AVERAGE INCOME IN THE COMMUNITY
(AS A WHOLE, NOT LIMITED TO YOUR ORGANIZATION)

65+ POPULATION IN THE COMMUNITY (AS A WHOLE,
NOT LIMITED TO YOUR ORGANIZATION)

AVAILABILITY OF OTHER RESPITE CARE SERVICES FOR THE DEMENTIA POPULATION

65+ POPULATION IN THE COMMUNITY (AS A WHOLE, NOT LIMITED TO YOUR ORGANIZATION)

Respite Care Program Information

If scholarships will apply to more than one program, answer all questions for each program. Please provide a separate attachment with information about each program.

TYPE OF RESPITE CARE PROGRAM (E.G., ADULT DAY PROGRAM, IN-HOME AIDES)

Note: If services are through an outside agency, please provide this information on behalf of that agency.

YEAR PROGRAM BEGAN

CREDENTIALS OF PROGRAM SUPERVISOR (E.G., RN, LCSW)

NUMBER OF (PROGRAM) EMPLOYEES

NUMBER OF (PROGRAM) VOLUNTEERS

NUMBER OF (PROGRAM) CLIENTS WEEKLY (UNDUPLICATED)

PERCENTAGE OF (PROGRAM) CLIENTS WEEKLY (UNDUPLICATED) WITH DEMENTIA

STAFF-CLIENT RATIO

FEES (E.G., HOURLY, DAILY)

ANNUAL (PROGRAM) BUDGET

Project whether the grant funding would enable you to:

Add new program clients: Yes No If Yes, how many? _____

Maintain program clients (who might otherwise have dropped out):

Yes No If Yes, how many will be awarded scholarships? _____

Bring back past program clients (who dropped out due to inability to pay):

Yes No If Yes, how many will be awarded scholarships? _

Do you have adequate staff to handle additional clients? Yes No

If No, do you have funds in the program budget to hire the necessary staff? Yes No

Does your organization currently offer respite scholarships to financially-needy clients?

Yes No *If Yes, please answer all questions below. If No, please skip to "Criteria Used for Eligibility" question.*

YEAR SCHOLARSHIP ESTABLISHED

TOTAL AMOUNT OF SCHOLARSHIPS ANNUALLY

TOTAL AMOUNT OF SCHOLARSHIP RECIPIENTS ANNUALLY

CRITERIA USED FOR ELIGIBILITY _____

OTHER FUNDING SOURCES FOR THESE SCHOLARSHIPS _____

UNMET DEMAND (I.E., HOW MANY MORE SCHOLARSHIPS WOULD BE GIVEN IF FUNDS AVAILABLE) _____

Please give details about the setting in which respite is provided, staff training/education standards, and program characteristics (e.g., activities, unusual features).

Please provide evidence of program outcomes and/or best practices.

Title and qualifications of person who will administer the scholarship program:

What criteria will you use to determine level of need and eligibility for each client?

(For example, you might determine Alzheimer's diagnosis based on a letter from the person's doctor, and you might determine family need based on monthly income to expense ratio, the percentage of income below the county poverty line, or receipt of certain entitlements such as food stamps or Medicaid, with financial eligibility determined by a reliable third party.)

List current funding sources for the operation of the respite program(s), if applicable:

| SOURCE | AMOUNT |
|--|----------|
| Revenue from Private Pay Clients | \$ _____ |
| Revenue from other grants (please specify) | \$ _____ |
| Revenue from sponsors | \$ _____ |
| Revenue from private donors | \$ _____ |
| Revenue from Medicaid | \$ _____ |
| Other (please specify) | \$ _____ |

Annual Respite Care Program Budget, if applicable:

Note: Please provide respite care program budget only (not organization budget) and specify the exact use of AFA grant funds in the center column labeled, "Funded by AFA Grant - If Awarded"

| | Total Budget | Funded by AFA Grant <i>If Awarded</i> | Other Sources |
|---------------------------|--------------|--|---------------|
| Personnel-Salary | _____ | _____ | _____ |
| Personnel-Fringe Benefits | _____ | _____ | _____ |
| Rent | _____ | _____ | _____ |
| Telephone | _____ | _____ | _____ |
| Supplies | _____ | _____ | _____ |
| Equipment | _____ | _____ | _____ |
| Advertising | _____ | _____ | _____ |
| Printing | _____ | _____ | _____ |
| Insurance | _____ | _____ | _____ |
| Transportation | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
