



Respite Care Grant Application

CSRA Parkinson Support Group

116 Lottie Lane
Grovetown, GA 30813

Phone: (706) 364-1662

Email: info@parkinsoncsra.org

Web: www.parkinsoncsra.org

Date of Application:

Person with Parkinson's or Parkinsonism (PWP) Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Male or Female: _____ Date of Birth: _____

Marital Status: (Circle One) Married Single Divorced Widowed _____

Primary Language: _____ Number of Household Members: _____

Primary Physician's Name: _____ Phone: _____

Live-in Care-partner Information:

Full Name: _____

Relationship to Person with Parkinson's: _____

Address: (If different from PWP) _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____



Additional Questions:

- Is the person with Parkinson’s disease (or parkinsonism) or the care-partner eligible for reimbursement for the same service from another source? (Check one) YES NO
- Is the person with Parkinson’s disease (or parkinsonism) a resident of a care facility, such as a personal care home, assisted living facility, or nursing home? (Check one) YES NO

Respite Care Provider Information:

Name of Company or Provider: _____

Contact Person: _____

Provider Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Relationship to Care-partner or PWP, if any: _____

For any additional information, including additional providers, if any, use the back of this page and check this box:

Verification of Information and Release of Liability:

I (caregiver), _____, verify that the information provided in this application is accurate as of this date to the best of my knowledge. I understand and agree that the role of the CSRA Parkinson Support Group Respite Care Grant Program is that of an intermediary, with the sole purpose of providing financial assistance for the purchase or provision of respite care. I understand and agree that the CSRA Parkinson Support Group assumes no liability or obligation to provide or manage the above stated services, and takes no responsibility for the respite care provider’s quality of care.

Signature

Date



Parkinson’s Diagnosis Statement

The following patient is being considered for funds from the CSRA Parkinson’s Support Group for financial assistance for respite care. In order to qualify for these grant funds, a physician, physician’s assistant, or nurse must complete this statement confirming Parkinson’s disease or Parkinsonism diagnosis. Thank you for your assistance!

Patient Information:

Name: _____

Date of Birth: _____ Male or Female: _____

Diagnosis: _____

Date or Year of Diagnosis: _____

I (circle one: physician/physician’s assistant/nurse), _____ (print name),

Do hereby certify that the information above is correct to the best of my knowledge.

Signature of Physician/Physician’s Assistant/Nurse

Date

Office Address: _____

Office Phone Number(s): _____

Office Email Address: _____

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What is respite?

Respite is a period of “rest” or “relief.” For care-partners, it is a short-term, temporary opportunity for “time out” to rest, relax, or take care of other obligations.

What is the CSRA Parkinson’s Support Group Respite Care Grant Program?

The grant program is a fund established in 2014 to help finance “time out” for the care-partner of a person with Parkinson’s disease or parkinsonism (PWP). Funding is provided through reimbursement.

For whom is the program intended?

The respite care grant program is offered to live-in care-partners of PWP’s residing in the Central Savannah River Area, which includes specific counties in Georgia or South Carolina.

Why would someone apply for a Respite Care Grant from CSRA Parkinson’s Support Group?

The purpose of the respite care grant is for the care-partner to take a break for self-care before risking a physical or emotional crisis. The goal is to maintain the care-partner’s well-being and to return to care-partner tasks with renewed energy. Here are what some recipients have said about the grant.

“This grant will be used to cover the cost of a respite care assistant to attend to my husband while I take a few hours off to get my hair done and have a massage. It means so much to both of us.”

“I will use the grant for a day-care program for my wife. She looks forward to this special day each week. Being able to use outside services and recreational activities lessens the stress for both of us.”

“I will use the grant to attend exercise classes and care-partners luncheons while the care assistant is with my husband. These activities refresh my energy and give me the support of my friends.”

If my application is approved, how may the grant be used?

The following are some examples of how a Respite Care Grants can be used. If you have a respite care need, but are unsure if it is reimburseable through this program, please contact us to make sure.

- “Time out” for the full-time care-partner to “get away” -- for several hours, a day, or longer -- to take care of personal needs, attend meetings or classes, and refresh his/her energy.
- Adult day care for the PWP.
- An assistant to help the full-time care-partner with laundry, meal preparation, light housekeeping, social support, safety supervision, and medical reminders.
- An aide to visit the home to help with grooming, transfers, dressing, bathing, and other activities of daily living.
- A companion to transport the PWP for appointments or social events.

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Guidelines of CSRA Parkinson's Support Group Respite Care Grant Program

1. For the care-partner to be eligible for the grant, the patient's diagnosis of Parkinson's disease (or parkinsonism) must be verified by a physician, physician's assistant, or nurse.
2. The permanent address of the primary care-partner and PWP must be in the Central Savannah River Area, which includes the following counties in Georgia: Richmond, Columbia, Burke, McDuffie, Washington, Jefferson, Screven, Wilkes, Jenkins, Lincoln, Warren, and Glascock, and the following counties in South Carolina: Aiken, Edgefield, Barnwell, Saluda, Bamberg, McCormick, Allendale, and Orangeburg.
3. The care-partner may not apply for this grant if either the PWP or the care-partner is receiving reimbursement for the same service from some other source.
4. The PWP must not be a resident of a care facility.
5. The care-partner may use the services of a personal care provider, an adult day care center, a certified nursing assistant, a relative, or a friend.
6. If the assistance of a friend or family member is used, that person cannot be the full time care-partner and cannot live in the same residence as the care-partner or the PWP.
7. If approved, the grant will fund up to \$1000 per applicant over a twelve month period.
8. The grant recipient may use the grant for one or several events as long as it is used within twelve months of the date of grant approval.
9. Verification of each use must be provided in order to be reimbursed.
10. Grant recipients may reapply at the end of the 12 months for a second time, pending available funds. Any further applications will depend upon funding and waiting list.
11. Preference for grant approval will be given to applicants who did not receive a grant the previous year.
12. The grant recipient must seek and select the individual or agency providing the needed services.

How do I determine an individual or agency to use for respite care?

- Speak with other care-partners for suggestions.
- You may wish to use the services of a friend or relative not living in the home or may use the services of a personal care provider, an adult day care center, a certified nursing assistant, or any other trusted person or agency offering the assistance you need.
- For information about available services in Georgia, contact Area Agency on Aging Caregiver Support Services, (706) 650-5654 or (866) 552-4464 or jadams@csrarc.ga.gov. In South Carolina, contact SC Family Caregiver Support Program, (803) 508-7033 or (866) 845-1550 or clindler@lscog.org. Many agencies offer services in both states. You may choose to contact both of the above sources before determining the agency that is right for you.
- Before selecting an agency, visit the agency. We recommend seeking the following information: Does the agency offer the services I need? What is the required fee? How are services billed?
- The CSRA Parkinson's Support Group does not recommend any individual or agency over another.

How does a care-partner apply for the grant and how are the funds administered?

The care-partner must complete the attached forms and submit them to the address given. The care-partner will be notified of whether his or her application is approved within one month of submitting the application. Reimbursement will be received within two weeks of approval of documentation by the CSRA Parkinson's Support Group.