

Respite Care Grant Program Application & Survey

Respite care provides the caregiver some time to relax and take care of his or her personal needs and at the same time offers quality care for the person living with Parkinson's Disease.

American Parkinson's Disease Association of Wisconsin (APDA-WI) sponsors the Respite Care Grant Program. Approved applicants will be awarded up to \$750.00 per year.

Instructions:

1. Complete Respite Care Grant Program Application & Survey.
2. Obtain a statement from respite care recipient's medical doctor or physician's assistant that confirms a Parkinson's Disease diagnosis.
3. **Send to APDA-WI at 5900 Monona Drive, Suite 407, Monona WI 53716:**
 - a) statement from medical doctor or physician's assistant confirming Parkinson's Disease diagnosis
 - b) completed *Respite Care Grant Program Application & Survey* to APDA-WI
4. If application has been approved, contact the respite care provider of your choice and interview the respite care provider
5. Contact APDA-WI once respite care provider has been selected and let APDA-WI staff know respite care provider contact information.
6. Pay the respite care provider directly and submit copies of the invoices to APDA Wisconsin Chapter via email (apdwi@apdaparkinson.org) or mail.

We respect your privacy and will never share your personal information with third parties other than those indicated on this form.

Client and Caregiver Information

("Client" has Parkinson Disease diagnosis)

Client Full Name/Social Security Number: _____

Primary Contact

Caregiver Name/Social Security Number: _____

Primary Contact

Caregiver Relationship to Client: _____

Telephone: _____

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Client Medical Information

Primary Physician: _____

Telephone: _____

Neurologist: _____

Telephone: _____

What type of assistance do you require? (Please check all that apply.)

Standing Walking Eating Using the Restroom Speaking Other

If you answered "Other" above, please indicate type of assistance required in the space below.

What is your primary language? _____

Respite Care Grant Program Terms and Conditions

Client Consent: I understand and agree that to participate in the Respite Care Grant Program of the American Parkinson Disease Association (APDA) Wisconsin State Chapter.

I understand that any additional expenses over the approved \$750.00 amount will become the Respite Care Grant recipient's sole responsibility.

Release of Liability: I understand that the Wisconsin State Chapter APDA assumes no liability or obligation for delivery of Respite Care services or failure of services provided by the respite care provider.

Client Signature

Date

Guidelines

- A diagnosis of Parkinson's disease must be confirmed by the client's physician.
- The caregiver applying for the Respite Care Grant program must be the person responsible for providing continuous non-professional care.
- The individual living with Parkinson's disease may not be receiving any other funded or subsidized respite care services during the time period recipient is receiving respite care funded by the APDA Respite Care Grant program.
- Combined annual income should not exceed \$50,000 per year. This will allow more APDA-WI families to use respite care that cannot afford respite care.
- We agreed families should be directed to the ADRC in their respective county so to "hopefully" minimize the risk of sending a family to an undesirable homecare or assisted living organization.
- The individual living with Parkinson's disease must not reside in an assisted-living facility or nursing home.
- The respite care approval process may take 7-10 days from receipt of the application, and will be reviewed in the order received.
- Once approved for the APDA Respite Care Grant program, the care recipient must be willing to adhere to the respite care provider organization's policies regarding care.
- Use respite care, funded by APDA Respite Care Grant program dollars, within 4 weeks of approved application.
- Any care received beyond the approved amount will be the responsibility of the client.
- Client will pay the home care agency directly and then provide copies of invoices to APDA Wisconsin Chapter for reimbursements.

I have read and understand the above program guidelines.

Caregiver/Applicant Name

Caregiver/Applicant Signature

Date

PRE-RESPIRE CARE SURVEY

Background Information

1. How did you hear about the APDA-WI Respite Care Grant Program?

2. Marital Status

- Single Separated
Married Widowed
Divorced

3. Job Status

- Full Time PRN
Part Time Temp

4. Job Classification

- Clerical/Support Technical
Management Professional
Production Other

5. Person(s) in Household

- Live alone
Live with child(ren)
No. of children: 1 2 3 4 >5
Live with older adult(s)
Live with spouse
Live with other adult

ARE YOU A CAREGIVER?

For the purpose of this survey, a **caregiver** is someone who **assists** a person with Parkinson’s disease in various tasks such as transportation, meal preparation, and medication management or is **concerned** about a loved one.

- 1. How long have you been a caregiver?
 <6 months 1-3 years >5 years
 6-12 months 3-5 years

- 2. How aware are you of your community resources?
 Extremely aware Somewhat aware Not aware at all

- 3. As a caregiver, what types of community resources do you or have you utilized?
 At-home services Housing options
 Case Management Services
 Adult day care Counseling
 Support groups Educational seminars
 Senior centers/coalitions Caregiver Training Programs (Powerful Tools, Hands on Training)
 Other, please list _____

- 4. Thinking about your caregiver role, how would you rate your level of stress?
 1 2 3 4 5
 Very low Low OK for now High Very High

- 5. Is there a strain on family relations secondary to caregiving concerns?
 Yes No

- 6. What other caregiver assistance do you have?

Please submit this application and survey to the address, fax number or email address below. If you have any questions, please contact us at (608) 345-7938.

Mail: APDA Wisconsin 5900 Monona Drive, Suite 407, Monona WI 53716

Scan & Email: apdawi@apdaparkinson.org

Thank you so much for taking time to complete and return this application and survey.