



The Dementia & Alzheimer's  
Resource Committee

## Respite Care Fund

### **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 \$1,000.00 per calendar year from date of award and paid directly to the agency. Any fees accrued beyond \$1,000 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.R.C., 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.*

### **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 Service**  
810-987-8811

**Harbor Health Care**  
810-765-7114

**Rx Family Home Care Services**  
810-328-3934

**Senior Helpers**  
810-637-5933

**Visiting Angels**  
810-966-2273

**Visiting Nurse Association Health Services**  
**Private Duty Care**  
*toll free 800-959-4131 or 810-989-2437*



## 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

If you answer yes, when did you receive this grant? \_\_\_\_\_

Name of person completing this application: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Other: \_\_\_\_\_

Please briefly explain why you need respite care:

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What Agency will you be using with this grant? *Please select the respite care provider from the provider list.*

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

Signature: \_\_\_\_\_