



Fred Haynes Dementia and Alzheimer's 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 care center. Our partnering healthcare agencies provide staff educated in dementia care that are committed to providing quality respite care.

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 \$750.00 per calendar year and paid directly to the agency. Any fees accrued beyond \$750 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: Fred Haynes 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 Care Programs

**Visiting Nurse Association Health Services
Specialized Adult Day Program**
810-388-6056 or toll free 800-959-4131

**Council on Aging
Starpath Adult Day Services**
810-984-8970

Care in the Home

**Council On Aging
Personal Care Service**
810-987-8811

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

Comfort Keepers
888-917-3894

Harbor Health Care
810-765-7114

Senior Helpers
810-637-5933

Visiting Angels
810-966-2273



Fred Haynes Dementia and Alzheimer's Respite Care Fund Application

Date: _____

Please tell us about the individual with Dementia (Applicant).

Name: _____

Date of Birth: _____ Age: _____

Address: _____

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:

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

1. _____

I have read the information provided herein and understand 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: _____