Tax Deductible Contribution

Membership Form

The Organization needs your support to carry on all of its services including support groups, the Helpline, the newsletter and other activities to assist families coping with Alzheimer's disease.

❑ YES, I would like to be a volunteer for the Alzheimer's Family Organization.

❑ YES, I would like to support the work of the Alzheimer's Family Organization through membership, which entitles me to receive newsletters, updates on research and notification of workshops, seminars and conferences. I will also be eligible for all services and programs offered by the Organization. ***(Memberships last 12 months)***

Name ______________________________

Address ______________________________

City __________ County ________ State ___ Zip ______

Home Phone (________) ____________________

Enclosed is my tax deductible membership contribution of:

❑ **$45 Member**
❑ **$75 Friend**
❑ **$100 Sponsor**
❑ **$300 Lifetime**
❑ **$300 Corporate** (organization, agency, nursing home or ALF)
❑ **$500 Corporate Plus** (organization, agency, nursing home or ALF)
❑ **$500 Investor**
❑ **$1,000 Alzheimer's Angel**

Enclosed is my donation of: ________________ .
Please dedicate my donation in honor of/in memory of:
____

And notify:
Name ______________________________
Address ______________________________
City ________________ State ____ Zip ________
Home Phone (________) ____________________

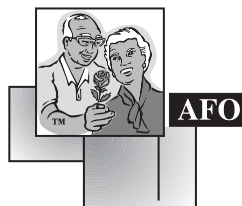
Please make checks payable to the

Alzheimer's Family Organization
and mail to:
P.O. Box 1939, New Port Richey, FL 34656-1939

The Respite Care Assistance Program is funded by concerned individuals, organizations and businesses in the Central Florida area.

Organization Services

Respite Care Assistance Program
Wanderer's Identification Program
Support Groups
Help-Line
Legal Help (H.E.L.P.)
Training / Seminars
Speakers Bureau
Research
Resource Lists
Emergency Placement Directives
Pardon My Companion Card
Do Not Resuscitate Order (DNRO) Forms



AFO **Alzheimer's Family Organization**
People Helping Families

Mail To: P.O. Box 1939
New Port Richey, FL 34656-1939
Telephone: 727-848-8888 • 1-888-496-8004
Fax: 727-849-7707
Web: www.alzheimersfamily.org
E-Mail: info@alzheimersfamily.org
Blog: www.afoblog.org

A United Way Agency

AFO **Alzheimer's Family Organization**
People Helping Families

Respite Care Assistance Program

Serving Central Florida

Office Location:
7626 Congress St., New Port Richey, FL 34653

Mailing Address:
P.O. Box 1939, New Port Richey, FL 34656-1939

Telephone: 727-848-8888 • 1-888-496-8004
Fax: 727-849-7707
Web: www.alzheimersfamily.org
E-Mail: info@alzheimersfamily.org
Blog: www.afoblog.org

People Helping Families

Respite Care Assistance Program Application Form

Patient's Name ____________________

Street Address ____________________

City ____________ County ______ State ____ ZIP ________

Date of Birth ____________________

Doctor's Name ____________________

Doctor's Phone (________) ____________________

Caregiver's Name ____________________

Relationship ____________________

Street Address ____________________

City ____________________ State _____ ZIP __________

Date of Birth ____________________

Telephone (________) ____________________

Are you currently receiving any form of respite care, home health care, adult day care, companionship, overnight respite in a health care facility?

☐ Yes ☐ No

If yes, describe: ____________________

____

Total combined monthly household income: $ ____________________

Total combined assets (excluding house and car): $ ____________________

Are you a paid member of the Alzheimer's Family Organization?

☐ Yes ☐ No

Have you received respite dollars from any other organization this year?

☐ Yes ☐ No

Reason for request: ____________________

____

Included is doctor's statement.

I verify that the above information is correct to the best of my knowledge.

____

Caregiver Signature Date

Please tear off and submit with doctor's statement, copy of cancelled check (both sides) or copy of receipt.

What is Caregiver Burden?

Caring for an individual with Alzheimer's disease is a 24-hour-a-day job that can physically and emotionally exhaust the caregiver. Feelings of anger, frustration, loneliness, and depression are common. Without relief, a caregiver's health can deteriorate, adding to the burden and reducing the quality of care the Alzheimer's patient receives.

What is Respite Care?

Respite Care is **"time off"** for the caregiver. The well-being of the caregiver contributes to the well-being of the patient. Respite services allow caregivers to receive much needed relief and time to do both necessary and enjoyable activities.

What Respite Services are available?

The Alzheimer's Family Organization can provide **information** on the following respite services:

- Home Health Care
- Adult Day Care
- Short Term Respite in a Health Care Facility
- Privately Arranged Companionship Service

Is Financial Assistance available to help pay for Respite Care?

YES. The **Respite Care Assistance Program** provides financial assistance. Call for additional information.

What are the Program guidelines?

- The caregiver is responsible for the selection, arrangement and payment of respite services.
- Proof of payment must be submitted to AFO for reimbursement.

Are there any requirements for eligibility?

YES. To qualify for financial assistance, the **caregiver** must:

- Have a paid membership in the Alzheimer's Family Organization.
- Be a resident of Citrus, Hernando, Pasco, Sumter, Lake, northern Pinellas, or northern Hillsborough Counties.
- Reside together.
- Submit completed application requesting assistance.
- Provide a statement from a physician that the patient has Alzheimer's disease or a related memory disorder. The doctor can fax this to us.

(Requirements subject to change.)

Where can I get more information?

The Respite Care Assistance Program is administered by:

AFO

Alzheimer's Family Organization

People Helping Families

The Respite Care Assistance Program is partially funded through a grant from the

www.floridamedicalclinic.com