



# Respite Care Grant Program

## Respite Care Grant Application

### CSRA Parkinson Support Group

116 Lottie Lane  
Grovetown, GA 30813

Phone: (706) 364-1662

Email: [info@parkinsoncsra.org](mailto:info@parkinsoncsra.org)

Web: [www.parkinsoncsra.org](http://www.parkinsoncsra.org)

Date of Application:	
Official Use Only	
Date Received:	
Date Approved:	

### 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 applying for or receiving financial aid for the same service from another source?  
(Check one) **YES**  **NO**  (If yes, please list here)
  
- 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**  (If yes, please provide details here)

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## Verification of Information and Release of Liability:

I (the care-partner), \_\_\_\_\_, 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 to provide financial assistance through reimbursement 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.

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Signature

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Date



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## Parkinson's Diagnosis Statement

The following patient is being considered for reimbursement 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 (PA), or nurse practitioner (NP) 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/PA/NP), \_\_\_\_\_ (print name),

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

\_\_\_\_\_  
Signature of Physician/PA/NP

\_\_\_\_\_  
Date

Office Address: \_\_\_\_\_

Office Phone Number(s): \_\_\_\_\_

Office Email Address: \_\_\_\_\_

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## What is respite care?

Respite is a period of rest or relief. For care-partners, respite refers to a short-term, temporary opportunity for “time out” from caregiving to rest, relax, or take care of other obligations, while someone else provides care.

## 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 practitioner.
2. The permanent address of the primary care-partner and person with Parkinson's disease or parkinsonism (PWP) must be **in the Central Savannah River Area**, which includes the following counties in Georgia: Richmond, Columbia, Burke, McDuffie, Jefferson, and Lincoln, and the following counties in South Carolina: Aiken, Edgefield, Barnwell, and McCormick.
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 any other source**.
4. 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. If the respite care is provided by a friend or family member, that person **cannot be the full time care-partner and cannot live in the same residence** as the care-partner or the PWP.
5. If approved, the grant will fund up to **\$1000 total per applicant over a twelve month period**. 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.
6. Verification of each use must be provided in order to be reimbursed, including **receipts of each payment** to the respite care provider.
7. **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. Preference for grant approval will be given to applicants who did not receive a grant the previous year.
8. 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, (866) 552-4464, [info@csrarc.ga.gov](mailto:info@csrarc.ga.gov), or visit [csrarc.ga.gov/area-agency-aging](http://csrarc.ga.gov/area-agency-aging). In South Carolina, contact SC Family Caregiver Support Program, (803) 508-7033, (866) 845-1550, [info@lscog.org](mailto:info@lscog.org), or visit [aging.sc.gov](http://aging.sc.gov). 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, 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 do I 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 distributed within two weeks of approval of receipt documentation by the CSRA Parkinson's Support Group.