



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 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. All staff have passed a thorough background check. Please consult the attached list of respite care providers to select a provider of your choosing.

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 \$500.00 per calendar year and paid directly to the agency.

Application Process:

Complete and submit the application form on the reverse side of this letter. Mail the completed application along with a dementia diagnosis from attending physician to:

The Council on Aging, 600 Grand River Ave, Port Huron, MI 48060

Attention: Fred Haynes Respite Care Fund

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.*



Fred Haynes Dementia/Alzheimer's Respite Care Fund Application

Date: _____

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

Name: _____

Date of Birth: _____ Age: _____

Address: _____

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 are in need of 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: _____



Fred Haynes Dementia/Alzheimer's Respite Care

Provider List

Adult Day Care Programs

Visiting Nurse Association Health Services

Specialized Adult Day Program

810-388-6056 or *toll free* 800-959-4131

Contact person Mary-Beth Fleury

mfleury@vnabwh.com

www.vnabwh.com

Council On Aging

Starpath Adult Day Services

810-984-8970

Contact person Brian Larson

blarsen@thecouncilonaging.org

www.thecouncilonaging.org

Care in the Home

Council On Aging

Personal Care Service

810-987-8811

Contact Linda Crane

lcrane@thecouncilonaging.org

www.thecouncilonaging.org

Visiting Nurse Association Health Services

Private Duty Care

toll free 800-959-4131 or 810-989-2437

Contact Janet McCallum

janet.mccallum@vnabwh.com

www.vnabwh.com

Comfort Keepers

888-917-3894

Contact Christine Stephens

Christine@ckofgeneseec.com

Harbor Health Care

810-765-7114

Senior Helpers

810-637-5933

Contact Sherry Hewitt

shewitt@seniorhelpers.com

Visiting Angels

810-966-2273

Crystal Cares Home Care

810-882-9915

Contact Crystal Laeder

crystal@crystalshomecare.com

www.crystalshomecare.com

Accelerated Home Care

810-982-9200