



the compassion to care, the leadership to conquer

The South Carolina Chapter of the Alzheimer's Association is pleased to provide financial support for those caring for patients with Alzheimer's disease or related disorders.

Thank you for inquiring about the Alzheimer's Association Respite Voucher. Please read over the information on the next page regarding the Respite Program. This will give you an overview of the program as well as provide you with specific types of care that may be chosen. The Alzheimer's Association serves individuals with Alzheimer's disease and related dementias. Related dementias include **Creutzfeldt - Jakob Disease, Vascular dementia, Parkinson's Disease, Huntington's Disease, Pick's Disease, and Lewy- Body dementia.** You may contact the Chapter Office to determine qualification. Please note: you are applying for a **VOUCHER** to use in exchange for respite services. You will not be issued a \$500.00 check.

Applying for Respite

- Fill out the Respite Application that is included in this packet.
- Include a statement from the patient's physician that clearly states their diagnosis.
- Mail the completed application and physician's statement to : Attention Deby Stewart

Alzheimer's Association SC Chapter 4124 Clemson Boulevard, Ste. L Anderson, SC 29621

I will process the information as quickly as possible. I do not accept faxed applications, as faxes are sometimes difficult to read. The application must include a statement from the patient's physician. It is very important that the application is completed in its entirety. **Vouchers will not be issued without physicians diagnosis.** **All 3 pages should arrive together.** If the statement is not attached along with the application, it will be mailed back to the caregiver for completion. This prolongs your waiting time. The voucher will be issued to you within **two to four weeks**, depending on the work load in our office. Please be patient while waiting for your voucher as I am issuing vouchers for the entire state of South Carolina. This application may not be completed by an agency, facility or daycare. Caregivers must be the persons requesting assistance.

During this process, please feel free to contact me at our toll free number **1-800-272-3900** if you have any questions. My office hours are currently 8:30a-5:00p Monday through Friday. If I am on the phone with another applicant, please leave your name and number and I will return your call as soon as possible. I look forward to speaking with you and assisting you with the care of your loved one.

Sincerely,

Deby Stewart
Director of Respite Services
South Carolina Chapter

revised September 2011

alzheimer's  association
RESPIRE CARE PROGRAM
Alzheimer's Association -South Carolina Chapter

Rev 09/07/11

GOAL OF RESPITE PROGRAM

The Alzheimer's Association - South Carolina Chapter, is committed to providing financial assistance to care partners- (the family member or other person who provides care) needing **short-term** respite (a break from care giving). By helping full-time care partners take needed short-term breaks, we believe that they will have better balance in their lives, will be healthier, and will consequently have a better quality of life. The person with dementia will also have companionship and assistance with activities of daily living to meet their specific care needs. Chapter staff will offer suggestions regarding other support programs and care options that may be used to continue respite. This program is *not intended to provide long lasting, ongoing patient care.*

THE PROGRAM

As respite funds are available, a **one time \$500 respite voucher** (a statement of the cost the Chapter will pay for services) is issued and may be used in one of three ways: **in-home assistance**, in an **adult day care** program, or for a **short-term stay** in a care facility. Professional providers, in-home care agencies, daycares or facilities will invoice the Chapter directly. A renewal voucher may be available. The family must call the Anderson office and request a renewal form, or download the form from our website. The renewals will be granted, as funds are available. The voucher expires 6 months from date of issue. If the voucher funds are not used by the expiration date, the funds are lost. The caregiver may use all funds in a week, month or may sparingly use the funds until the expiration.

TO APPLY

The family member responsible for the care of a person with Alzheimer's disease or dementia should contact their local Alzheimer's Association office to request an application for a voucher. Current applications are also now available online. www.alz.org/sc

IMPORTANT: After receiving the voucher, if the care partner decides not to use the time or cannot use in its entirety, the *Alzheimer's Association must be notified.*

Any major problems with arranging care should be discussed with the **Director of Respite Services at 1-800-272-3900, and ask for the South Carolina Chapter.** She will explain specific aspects of the program.

Care partners are encouraged to attend monthly support groups. They may request a no-cost in-home sitter, arranged through the Respite Director. This monthly assistance is *separate from the \$500 respite voucher.*

Please read the following carefully: You may only choose one option from the services listed on the next page. If you must switch from one agency to another in the middle of a voucher, this may only be done by the approval of the Director of Respite Services. The yellow voucher must be turned into the agency. Once the agency has received the yellow voucher, they may begin invoicing us for any services on or after the voucher issue date.

Alzheimer's Association-South Carolina Chapter

In-Home Care

In-home services offer a range of options, including companion services, personal care and skilled care services to meet specific needs. In-home care helpers must be through an in-home care agency on the listing of providers. The Alzheimer's Association may provide a listing of licensed and bonded agencies honoring our voucher. **The care partner is responsible for contacting one of the agencies to arrange for services. Do not spend the voucher before it is issued. We will not pay for any dates prior to the date on the issued voucher.**

- ❖ The care partner must contact the agency *several days in advance to arrange care for the times and dates needed*. If the agency cannot fill a specific request, the agency is responsible for informing the care partner, so other arrangements can be made. If problems occur, always speak with the office manager of the agency first. If problems continue and cannot be resolved, then contact the Respite Director in the Anderson office.
- ❖ Fees for services vary between agencies. Always discuss fees with the agency you choose before arrangements are made. **Do not pay the agency. The agency will invoice us directly.** Keep track of how your voucher is spent down. You will be responsible for any amount over the \$500 voucher.
- ❖ **Private sitters are no longer an option.**

Adult Daycare

The Alzheimer's Association will provide a listing of adult day care facilities, if requested. The care partner is responsible for contacting a day care director to arrange for services. Discuss fees with the day care center you choose and **keep track of how your voucher is spent down You will be responsible for any amounts over the \$500 voucher limit.**

Short-Term Facility Stay-Please read this section carefully to avoid confusion with a short-term stay!

We do not pay for permanent placement in an assisted or skilled care facility. The Alzheimer's Association may provide a listing of area Assisted Living and /or Skilled Nursing Facilities that allow short-term respite stays. **The care partner is responsible for contacting a facility to arrange services and see if a bed is available to for your specific needs.**

- ❖ Choose a facility that meets the specific care needs of your family member with dementia. Discuss the details of stay with the facility's director of admissions to learn what you must do to arrange for the stay. **Keep track of the voucher amount available. The family is responsible for any amount over the \$500 voucher.**
- ❖ Vouchers are for a short-term stay. It cannot be used for permanent placement. **If the patient is admitted to a facility for a short –term stay and during that stay, it is decided to become a permanent home; the voucher will not be honored.** Payment should be discussed during admission for the stay. The Alzheimer's Association pays after the stay. The facility must invoice the Association with a move-in date and a move- out date. The invoice should include the same name the voucher was issued in and the cost of the stay per day.

Alzheimer's Association-South Carolina Chapter



Alzheimer's Association SC Chapter Respite Application

PLEASE MAIL --- FAXED APPLICATIONS WILL NOT BE ACCEPTED

debra.stewart@alz.org Please note that this application is for respite services, not a \$500 check.

Patient Information

Date

Patient's Last Name _____ First _____

County _____ Telephone # _____

Address _____

City _____ Zip _____ Diagnosis _____

Patient's DOB _____ Age _____ Race _____ Gender _____ Marital Status _____

Social Security # _____ Total Monthly Income of dementia patient _____

Does this patient live alone? _____ Number of persons in household _____

Has this person had a voucher before? _____ If so when? _____

Caregiver Information

This section is referring to family member. Please print or write legibly. Include zip code, the voucher will be mailed to this address.

Caregiver's Last Name _____ First _____

Relationship to Dementia Patient _____ Telephone _____

Cell # _____ Work # _____ Email _____

Complete Mailing Address _____

Services Currently Used _____

Patient's Physical & Memory Skills or Comments

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Do you need information on _____ program? _____

This is a program to improve the safety of individuals that may wander.

Please check all that may apply to your situation:

Medicaid Eligible___ Medicare Eligible___ VA Eligible___ Long term care insurance_____

Respite funds may be used for Adult Daycare, In-home Care with an approved agency, or a short-term stay in a facility. Do not spend the voucher funds before you receive the voucher or before the issued date written on the voucher.

Please Circle Your Choice: **Choose only one.**

IN-HOME CARE WITH AN APPROVED AGENCY DAYCARE SHORT –TERM FACILITY STAY

PLEASE ATTACH A DIAGNOSIS STATEMENT FROM THE PATIENT’S PHYSICIAN/NEUROLOGIST OR HAVE THE PHYSICIAN / NEUROLOGIST COMPLETE THE DIAGNOSIS SHEET ATTACHED TO THIS APPLICATION. A SIGNATURE FROM THE PHYSICIAN IS REQUIRED. NO VOUCHER WILL BE ISSUED WITHOUT A STATEMENT OF DIAGNOSIS.

- A qualification for Respite Assistance depends on the patient’s diagnosis. Related dementia’s that also qualify include **Creutzfeldt - Jakob Disease, Vascular Dementia, Parkinson’s Disease, Huntington’s Disease, Pick’s Disease and Lewy- Body Dementia.**
- Family members do not qualify as Respite Providers.
- To use the voucher, you must choose an agency from the approved provider list. The list will be included in the packet when you receive the voucher in the mail.
- Respite funds are paid after the services are rendered. The Alzheimer’s Association must be invoiced by the agency for services and payment will be mailed directly to the agency.

Submitted by (family member): _____

Signature: _____ Relationship to Patient _____

The above signature must be a spouse, family member or POA of the Patient with dementia.

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SOUTH CAROLINA CHAPTER OFFICES

Anderson (Main) Office:

4124 Clemson Blvd
Suite L
Anderson, SC 29621
864.224.3045
800.273.2555 (toll free)
864.225.1387 (fax)

Greenville Area Office:

301 University Ridge
Suite 5000
Greenville, SC 29601
864.250.0029
866.844.0995 (toll free)
864.250.0807 (fax)

Lowcountry Area Office:

2090 Executive Hall Rd
Suite 130
Charleston, SC 29407
843.571.2641
800.860.1444 (toll free)
843.571.6020 (fax)

Midlands Area Office:

3223 Sunset Blvd, Suite 100
West Columbia, SC 29169
803.791.3430
800.636.3346 (toll free)
803.791.8388 (fax)

Myrtle Beach Area Office:

1039 44th Ave North
Suite 201
Myrtle Beach, SC 29577
843.213.1516
843.213.1529 (fax)

Spartanburg Area Office:

901 South Pine St
Spartanburg, SC 29302
864.542.9998
800.908.9690 (toll free)
864.542.0833 (fax)



www.alz.org/sc

**PLEASE DO NOT FAX THIS STATEMENT TO MY OFFICE
ALL APPLICATIONS & STATEMENTS MUST ARRIVE TOGETHER**

STATEMENT OF DIAGNOSIS

To be completed & signed by patient's physician.

Qualification for the Respite Assistance Program depends on the patient's diagnosis. The Alzheimer's Association serves patients with Alzheimer's disease and related dementias.

Patient Information

Name _____
Address _____

Social Security # _____
Birth date: _____

Physician Information (Please Print)

Name _____
Signature _____
Telephone _____ Date _____

Please check one of the following:

Alzheimer's disease _____

Creutzfeld - Jakob disease _____

Vascular dementia _____

Parkinson's disease _____

Huntington's disease _____

Pick's disease _____

Lewy- Body dementia _____

Mixed Dementia _____