

ALZHEIMER'S ASSOCIATION VOUCHER RENEWAL FORM

THIS IS NOT THE RENEWAL VOUCHER, ONLY A REQUEST FOR A RENEWAL. A RENEWAL VOUCHER WILL NOT BE ISSUED AS LONG AS THERE ARE FUNDS LEFT ON THE FIRST VOUCHER, UNLESS THE VOUCHER HAS EXPIRED. ACCOUNT MUST BE AT ZERO BALANCE.

Name of Patient _____ County _____

Name of Caregiver _____ Relationship _____

Caregiver's Address _____

Caregiver's Telephone # _____

Date of the last voucher issued: _____

Was that voucher depleted of funds? _____ did that voucher expire before depleted? _____

Please circle the correct type of respite used by patient: In-home Daycare Short term stay in facility

THIS PORTION SHOULD BE COMPLETED BY THE PAST RESPITE PROVIDER, TO INSURE PAYMENT HAS BEEN RECEIVED FOR FIRST VOUCHER

Name of Respite Provider _____

Address of Provider _____

Telephone # of Provider _____

What is the last date of service for this patient and have you received payment from the Alzheimer's Association for the services rendered? _____

Does the above caregiver intend to use your agency for this second voucher? _____

Do you understand that we cannot be invoiced for any in between dates of service? (*Dates after the total Of \$500 voucher and before the renewal voucher has been issued*) _____ yes/no

Do you also understand that this is not the renewal, only a request form and that the agency will receive the yellow voucher with the required signature of the Director of Respite, and a valid date of issue? _____

Signature required of past respite provider listed above, unless it has been longer than a year of the last services.

Renewal form requires signature of provider _____

Renewal form requires signature of family caregiver _____

Please mail completed renewal form to:

Alzheimer's Association SC Chapter - Attention: Deby Stewart - 4124 Clemson Boulevard, Ste. L - Anderson, SC 29621