



# Customer and Caregiver Grant Programs - ADRC Managed Funds

300 S. Adams St, Green Bay, WI 54301  
Phone: (920)448-4300  
www.ADRCoofbrowncounty.org

		National Family Caregivers Support Program (NFCSP)	Alzheimer's Family Caregivers Support Program (AFCSP)	Independent Living Support Program (ILSP)
Fund Type		Reimbursement program	Reimbursement program	Provides up to \$7200 for 1-time or continuing services
Eligibility	Age requirements	- Caregiver is age 18+ and Care Recipient is <b>either: 1)</b> age 19-59 AND has either: Early Onset Dementia or is Disabled, <b>OR 2)</b> age 60+ - Caregiver is age 55+ and Care Recipient is under age 19	- Caregiver is age 18+ and Care Recipient is either: age 19-59 <b>AND</b> has either: Early Onset Dementia <b>OR</b> age 60+	- Be over age 18 - Have a qualifying diagnosis if under age 55
	Residency Requirement	Care Recipient must live in Brown County	Care Recipient must live in Brown County	- Be a Brown County, WI resident and a US Citizen or eligible immigrant
	Income	None	Customer (& spouse, if married) must have a combined income of \$48,000/year or less. Disease-related expenses may be deducted from the gross annual income.	<a href="#">Earn less than 300% of the federal poverty level with no deductible or consideration of spousal income</a>
	ADL/IADL	Minimum of 2	Minimum of 2	Minimum of 1
	Other Eligibility	- Customer must have an identified caregiver - Not be currently enrolled in LTC or living in a licensed or certified residential facility	- Customer must have an identified caregiver - Not be currently enrolled in LTC or living in a licensed or certified residential facility	- Not be currently enrolled in LTC or living in a licensed or certified residential facility
Covered Expenses	Services	- Shopping, meal prep, money management - Chores (shoveling, mowing, cleaning) - Companionship and socialization - Adult day-care or overnight care - Medication Management - Childcare (for relatives raising children) - Home Health Services (nursing, physical therapy, etc. not covered by insurance)	- Shopping, meal prep, money management - Chores (shoveling, mowing, cleaning) - Companionship and socialization - Adult day-care or overnight care - Medication Management - Home Health Services (nursing, physical therapy, etc. not covered by insurance)	- Emergent home clean-up - Moving services - Care management - Internet/Wi-Fi services - Personal emergency response system - Financial management and legal assistance - Supportive home care
	Personal cares	Bathing, grooming, dressing, eating	Bathing, grooming, dressing, eating	Bathing, grooming, dressing, eating
	Respite services	Yes, in-home or facility	Yes, in-home or facility	Yes, in-home or facility
	Equipment	- Assistive Technology/Devices - Home security and safety - Home repair and modifications for health or safety	- Assistive Technology/Devices - Home security and safety - Home repair and modifications for health or safety	- Specialized medical equipment and supplies - Assistive Technology/Devices - Home and vehicle modifications
	Consumable Supplies	Incontinence supplies, Ready-Made Meals, puzzles/games, gym memberships, monthly PERS costs	Incontinence supplies, Ready-Made Meals, puzzles/games, gym memberships, monthly PERS costs	Meals (for people under age 60)
	Transportation	For medical appointments, recreational or social activities	For medical appointments, recreational or social activities	Non-medical and medical transportation
	Other			Based on support and service needs of customer



## Customer and Caregiver Grant Programs - Externally Managed Funds (RCAW)

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Respite Care Association of WI (RCAW)		
Prog.	Caregiver Respite Grant Program	Supplemental Respite Grant Program
Eligibility	<ul style="list-style-type: none"> <li>- Caregiver must have explored funding through LTC Waiver and Other Supports (CLTS, CCOP, Family Care, IRIS, NFCSP, AFCSP, Kinship, Foster Care Support), and be ineligible for those funds, in order to be eligible for RCAW.</li> <li>- Customer must have an identified caregiver</li> </ul>	
Fund Type	Provides up to 5 days of respite care per funding period (Varies based on RCAW funds availability) for family caregivers. Respite care provider is paid directly by RCAW	Provides \$250 per funding period (varies based on RCAW funds availability) for supplemental respite services
Covered Expenses	Up to 5 days per funding period of respite care. Can be continuous, or spread out.	<ul style="list-style-type: none"> <li>- Home modifications for health or safety</li> <li>- Assistive technology, PERS, home safety interventions</li> <li>- In-home meal preparation</li> <li>- Technology to decrease isolation and increase social engagement</li> <li>- Housekeeping, laundry</li> <li>- Chores – lawn/snow</li> <li>- Transportation to meaningful or respite activities or medical appointments</li> </ul>
Application	<a href="#">Must apply online (ADRC Caregiver Staff fill out Supporting Documentation Form once Eligibility Form is complete)</a>	<a href="#">Must apply online (ADRC Caregiver Staff fill out Supporting Documentation Form once Eligibility Form is complete)</a>



## Customer and Caregiver Grant Programs - Externally Managed Funds (Dementia)

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		Association for Frontotemporal Degeneration (AFTD)			HFC (formerly Hilarity for Charity)	
Prog.	Comstock Grants			Home Care Recharge Respite Grant	Extended Relief Respite Grant	
	Respite Grant	Quality of Life Grant	Travel Grant			
Eligibility	<ul style="list-style-type: none"> <li>- Verification of <b>FTD</b> diagnosis (see app for specifics)</li> <li>- Care partner and person with FTD must live together &amp; be US residents</li> <li>- Those receiving respite care through hospice or any service covered by Medicare, VA or other public healthcare benefits <u>are not eligible</u></li> </ul>	<ul style="list-style-type: none"> <li>- Verification of <b>FTD</b> diagnosis (see app for specifics)</li> <li>- Must be a US resident</li> </ul>	<ul style="list-style-type: none"> <li>- Applicant must be either: an immediate family member; a primary unpaid caregiver, or a person diagnosed with an <b>FTD</b></li> <li>- Applicant must be a US resident</li> <li>- Only 1 grant will be awarded per family for each event</li> <li>- Only 1 grant per fiscal year (July 1 – June 30)</li> </ul>	<ul style="list-style-type: none"> <li>- Diagnosis of <b>Alzheimer’s or related dementia</b>, currently living at home, care professional is facing financial and emotional hardship, resides in US or Canada</li> </ul>		
Fund Type	Reimbursement for up to \$500 for expenses incurred AFTER the date a grant is approved	A pre-paid debit card for \$500	Maximum reimbursement amount awarded for a single travel grant is \$500	Up to 50 hours of respite care to be used within 3 months of approval. Applicant can be awarded up to 3 times per 18-month period.	Up to 25 hours of respite care per week for 6 months. Applicant can be awarded up to 2 times per 18-month period.	
Covered Expenses	<ul style="list-style-type: none"> <li>- In-home care (including family members &amp; other community resources)</li> <li>- Adult day services</li> <li>- Short-term, overnight care at home or in assisted living or skilled nursing home</li> <li>- Mental health counseling or therapy</li> <li>- Yoga, mindfulness or other classes or resources to maintain well-being</li> </ul>	<ul style="list-style-type: none"> <li>- Communication tools (smart phone, iPad, writing board, computer software, apps, etc.)</li> <li>- Broadband or internet costs</li> <li>- Transportation</li> <li>- Companion care</li> <li>- Insurance co-pays, medication costs, or therapies</li> <li>- Home adaptations</li> <li>- Gym membership or exercise class</li> <li>- Grooming/cosmetics</li> </ul>	<ul style="list-style-type: none"> <li>- For education conferences/events approved by AFTD only</li> <li>- Approved expenses include: lodging, airfare, or car mileage</li> <li>- <u>Cannot</u> be used to cover rental cars or meals eaten while traveling</li> </ul>	Free home care consultation, then Alzheimer’s care services (up to 50 hours) delivered by a Home Instead Care Professional.	Free home care consultation, then Alzheimer’s care services (up to 25 hours per week for 6 months) delivered by a Home Instead Care Professional so family care provider can take time to focus on personal and professional life.	
App	<a href="#">Association for Frontotemporal Degeneration (AFTD) website for printable and online applications</a>			<a href="#">HFC Application Manager - HFC In-Home Care Grant Application (submittable.com)</a>		



## Customer and Caregiver Grant Programs - Externally Managed Funds (Non-Dementia)

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	ALS Association		American Parkinson Disease Association	CurePSP
Prog.	The Brian Trinastic Memorial Grant Program		Financial Support Program	Quality of Life Respite Grant
	The Flex Grant	The Transportation Grant		
Eligibility	<ul style="list-style-type: none"> <li>- Applicant must have definitive or probable diagnosis of amyotrophic lateral sclerosis (ALS)</li> <li>- Applicant must register with the WI Chapter and reside in the Chapter service area.</li> </ul>		<ul style="list-style-type: none"> <li>- Attest to having a diagnosis of <b>Parkinson's disease or Parkinsonism.</b></li> <li>- Understand this program is intended to support persons with Parkinson's disease in need of financial assistance.</li> <li>- Reside within the APDA WI Chapter area.</li> <li>- Reside in the community, not in a rehabilitation center or long-term care, skilled nursing facility</li> </ul>	<ul style="list-style-type: none"> <li>- Applicant has a clinical diagnosis of <b>progressive supranuclear palsy (PSP), corticobasal degeneration (CBD), or multiple system atrophy (MSA)</b></li> <li>- Live in the United States</li> <li>- Applicant is cared for at home (not in a long-term care facility) and is not receiving more than 15 hours/week of professional respite care services (i.e. adult day care, in-home care)</li> <li>- Has not been a recipient in the past</li> <li>- Combined annual income of less than \$90K and no long-term care insurance</li> </ul>
Fund Type	\$500 – may apply for and receive up to two grants every 12 months	\$250 – may apply for and receive up to four grants every 12 months	Up to \$500 per calendar year	60 hours of professional, agency-based in-home care. The hourly cost of the care services can be up to \$35. The agreed-upon home care agency will be paid directly. The grant must be initiated within 3 months and used within one year.
Covered Expenses	Home/Auto/Van modifications, modified van purchase, medical equipment/adaptive devices not covered by insurance, ramps, wheelchair/device batteries, communication devices	Travel costs incurred due to ALS (mileage, transport service/van rental, one night lodging related to medical appointment or ALS Chapter event)	To be used for programs, services, and/or activities designed to improve the quality of life.	60 hours of professional, agency-based in-home care. The grant cannot be used to pay for a private (non-agency) caregiver or to pay a family member to provide care.
Application	<a href="https://www.als.org/sites/default/files/2020-11/Brian%20Trinastic%20Memorial%20Grant%20Program%20Application%20rev%20April17.pdf">https://www.als.org/sites/default/files/2020-11/Brian%20Trinastic%20Memorial%20Grant%20Program%20Application%20rev%20April17.pdf</a>		<a href="#">WI ADPA Patient Aide Application</a>	<a href="#">Complete the Quality of Life Respite Grant application</a>