

EXAMPLE 1 - Checklist:

New Client Intake Folder

1. Caregiver Service Assessment Form/ AFCSP Eligibility Form/NFCSP Eligibility Form
2. Release of Information
3. Family Caregiver Needs Assessment
4. Program Evaluation (complete within the first 30 days and at 6-month review or when ending program)
5. ADRC Survey (annually)
6. HDM assessment
7. Risk Assessment for Vulnerable Clients
8. Doctor Diagnosis Form (AFCSP only)
9. PERS
10. Caregiver Connection Brochure, Coffee Flyer (other local resources)
11. Customer Satisfaction Survey (DHS)

Complete After Intake Home Visit

1. Put notes into ~~SAMS~~ PeerPlace
2. Send Dr. Verification Form
3. Call the service provider to see if they have staff to accommodate authorization.
4. Fax the service authorization along with a Fax Cover Page.
5. Enter Service Authorization.
6. Create a client file
7. Schedule 6-month visit

EXAMPLE 2 - Checklist:

National Family Caregiver and Support Program (NFCSP) Checklist 2024

New Applicant

- 1) Upon receipt of referral or inquiry obtain:
 - a. ___ Caregiver name and ask for correct spelling, DOB, address, phone or contact information, care recipient name, DOB, address and phone or contact information.
 - b. ___ Set up in-person Caregiver Needs Assessment. Date/time _____
 - c. ___ Enter caregiver in ~~REDCAP~~ PeerPlace.
 - d. ___ Enter caregiver and recipient in ~~WellSky/SAMS~~ PeerPlace
- 2) At-home/in-person visit:
 - a. ___ Complete Caregiver Needs Assessment (start with 5 questions at the end of the form)
 - b. ___ Complete NFCSP Caregiver Registration Form
 - c. ___ Offer information on additional resources (i.e. support groups, online, classes)
 - d. ___ Explain the process of reimbursement for incurred expenses and provide forms.
 - e. ___ Document assessment and journal notes in ~~WellSky~~ PeerPlace.
 - f. ___ Enter the initial assessment into ~~REDCAP~~ PeerPlace.
- 3) Follow up for qualifying recipient:
 - a. ___ Mail welcome letter with expense forms (NFCSP expense forms-WHITE)
 - b. ___ Offer follow-up information and additional resources.
 - c. ___ Process incoming expenses
 - d. ___ Review finances and expenses in June-may have additional funding.
 - e. ___ Enter Pre-Evaluation complete in ~~REDCAP~~ PeerPlace after one week.
 - f. ___ Customer Satisfaction Survey
 - g. ___ Enter post-evaluation complete in ~~REDCAP~~ PeerPlace after approximately 6 months.
 - h. ___ Every 3-6 months meet with Financial to review available funding.
 - i. ___ If additional funds are available mail a letter to Caregiver to notify them.
 - j. ___ Provide ongoing availability for questions/additional info/resources.
 - k. ___ Document contacts in Journals in ~~WellSky~~ PeerPlace.
 - l. ___ Annually Complete Renewal:
 - Caregiver Needs Assessment
 - Update demographic information
 - k. ___ Enter reevaluation and updates in ~~WellSky~~ PeerPlace.

4) Process Bills or Expense submissions:

NFCSP Checklist

<input type="checkbox"/>	Entered into Access
<input type="checkbox"/>	Verify NAPIS Wellsky
<input type="checkbox"/>	Appt. Set
<input type="checkbox"/>	Care-plan created/Excel
<input type="checkbox"/>	Reimb. Inv. Created
<input type="checkbox"/>	Award Ltr Sent
<input type="checkbox"/>	Walleby, CG/CP

NFCSP Checklist

<input type="checkbox"/>	Entered into Access
<input type="checkbox"/>	Verify NAPIS Wellsky
<input type="checkbox"/>	Appt. Set
<input type="checkbox"/>	Care-plan created/Excel
<input type="checkbox"/>	Reimb. Inv. Created
<input type="checkbox"/>	Award Ltr Sent
<input type="checkbox"/>	Walleby, CG/CP

NFCSP Checklist

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<input type="checkbox"/>	Appt. Set
<input type="checkbox"/>	Care-plan created/Excel
<input type="checkbox"/>	Reimb. Inv. Created
<input type="checkbox"/>	Award Ltr Sent
<input type="checkbox"/>	Walleby, CG/CP

NFCSP Checklist

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<input type="checkbox"/>	Appt. Set
<input type="checkbox"/>	Care-plan created/Excel
<input type="checkbox"/>	Reimb. Inv. Created
<input type="checkbox"/>	Award Ltr Sent
<input type="checkbox"/>	Walleby, CG/CP

NFCSP Checklist

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<input type="checkbox"/>	Appt. Set
<input type="checkbox"/>	Care-plan created/Excel
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NFCSP Checklist

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<input type="checkbox"/>	Appt. Set
<input type="checkbox"/>	Care-plan created/Excel
<input type="checkbox"/>	Reimb. Inv. Created
<input type="checkbox"/>	Award Ltr Sent
<input type="checkbox"/>	Walleby, CG/CP

NFCSP Checklist

<input type="checkbox"/>	Entered into Access
<input type="checkbox"/>	Verify NAPIS Wellsky
<input type="checkbox"/>	Appt. Set
<input type="checkbox"/>	Care-plan created/Excel
<input type="checkbox"/>	Reimb. Inv. Created
<input type="checkbox"/>	Award Ltr Sent
<input type="checkbox"/>	Walleby, CG/CP

NFCSP Checklist

<input type="checkbox"/>	Entered into Access
<input type="checkbox"/>	Verify NAPIS Wellsky
<input type="checkbox"/>	Appt. Set
<input type="checkbox"/>	Care-plan created/Excel
<input type="checkbox"/>	Reimb. Inv. Created
<input type="checkbox"/>	Award Ltr Sent
<input type="checkbox"/>	Walleby, CG/CP

EXAMPLE 3- Checklist:

NFCSP Checklist

- ☐ Entered into Access
- ☐ Verify NAPIs Wellsky
- ☐ Appt. Set
- ☐ Care-plan created/Excel
- ☐ Reimb. Inv. Created
- ☐ Award Ltr Sent
- ☐ Wellsky, CG/CP

NFCSP Checklist

- ☐ Entered into Access
- ☐ Verify NAPIs Wellsky
- ☐ Appt. Set
- ☐ Care-plan created/Excel
- ☐ Reimb. Inv. Created
- ☐ Award Ltr Sent
- ☐ Wellsky, CG/CP

EXAMPLE 4 - Checklist:

Alzheimer's Family Caregiver and Support Program (AFCSP) Checklist 2024

New Applicant

- 5) Upon receipt of referral or inquiry obtain:
 - a. ___ Recipient name and ask for correct spelling, DOB, address, phone or contact information, caregiver name, DOB, address and phone or contact information.
 - b. ___ Does the recipient have a diagnosis of Alzheimer's or another non-reversible dementia? Request recent OV notes, AVS, or some form of documentation to verify diagnosis. The letter to PCP is available to be sent and signed for verification.
 - c. ___ Complete Financial Eligibility Screen-Worksheet 1. Request last year's tax return.
 - d. ___ Set up in-person Caregiver Needs Assessment. Date/time _____
 - e. ___ Enter care recipient in REDCAP PeerPlace.
 - f. ___ Enter care recipient in WellSky/SAMS PeerPlace.
- 6) At-home/in-person visit:
 - a. ___ Complete Caregiver Needs Assessment (start with 5 questions at the end of the form)
 - b. ___ Complete Family Caregiver Support Program Initial Evaluation Form
 - c. ___ Complete AFCSP General Information Form
 - d. ___ Complete Financial Eligibility Verification and have the recipient or caregiver sign.
 - e. ___ Complete Financial Screening with signatures
 - f. ___ Offer information on additional resources (i.e. support groups, online, classes)
 - g. ___ If receiving home-delivered meals complete the AFCSP Home Delivered Meals Donation Authorization form. ** AFCSP used for HDM is voluntary, not mandatory. If the CG wants to use AFCSP for different services as discussed during the caregiver needs assessment, then those services should be provided via AFCSP funding.*
 - h. ___ Explain the process of reimbursement for incurred expenses and provide forms.
 - i. ___ Document assessment and journal notes in WellSky PeerPlace.
 - j. ___ Enter the initial assessment into REDCAP PeerPlace.
- 7) Follow up for qualifying recipient:
 - a. ___ Mail welcome letter with expense forms (AFCSP expense forms-YELLOW)
 - b. ___ Offer follow-up information and additional r

- c. ___Resources.
- d. ___Process incoming expenses
- e. ___Review finances and expenses in June-may have additional funding.
- f. ___Enter Pre-Evaluation complete in REDCAP PeerPlace after one week.
- g. ___Send Customer Satisfaction Survey after services begin/take place.
- h. ___Enter post-evaluation complete in REDCAP PeerPlace after approximately 6 months.
- i. ___Every 3-6 months meet with Financial to review available funding.
- j. ___If additional funds are available mail a letter to CG/Recipient to notify.
- k. ___Provide ongoing availability for questions/additional info/resources.
- l. ___Document contacts in Journals in WellSky PeerPlace.
- m. ___Annually Complete Renewal:
 - Caregiver Needs Assessment
 - Update demographic information
- k. ___Enter reevaluation and updates in WellSky PeerPlace.

8) Process Bills or Expense submissions:

EXAMPLE 5 – Checklist:

AFCSP Checklist - check off when completed	
Name	
Entered into database	
Initial Contact	
Meeting Scheduled	Date
Release for diagnosis	Faxed
Diagnosis recv'd	
Currently with Curative? Which site?	
Final steps	
Completed Worksheet sent	I&A Notified
Completed worksheet signed	
Financial Documents obtained	
Reimbursement created	
Award letter sent	
Award amount in Access	
Customer satisfaction survey sent	
Ready to Scan	
Wellsky	
ROIs noted	
NAPIS	
Assessment Entered	
CG/CR relationship verified	
AF Participant Noted	
Schedules Plus	
RedCap	RedCap # in Database

EXAMPLE 1 – Caregiver Coordinator Letter

Welcome Letter

Dear 202__ Caregiver Support Program Participant,

Thank you for the important work you do as a caregiver for your loved one and welcome to the Aging Disabilities Services Caregiver Support Program!

Below are some important notes for your review as you start working with a grant through our program.

Grant Program Eligibility

Our Caregiver Support Grants are funded by two sources – the National Family Caregiver Support Program (NFCSP) funded through the federal Older Americans Act and the Alzheimer’s Family and Caregiver Support Program (AFCSP) funded through the State of Wisconsin).

- These programs have distinct eligibility requirements.
- We receive a limited amount of funding annually for each program. Once all funds for the year have been allocated, families will be placed on a waitlist for future funding consideration. We will contact families in the order they were referred to us.
- There are an estimated 580,000 family caregivers in Wisconsin. To ensure we have enough funds to provide support to as many eligible caregivers as possible we are only able to provide one (1) grant per family caregiver. If additional funds become available there could be an opportunity for families to receive more than one grant but this does not happen frequently.
- Caregivers participating in AFCSP will have an opportunity to re-apply for services each year based on the eligibility and policies for that grant.
- Caregivers participating in NFCSP will not be eligible to receive the grant for consecutive years. We encourage caregivers receiving NFCSP funding to consider long term supports through publicly funded long-term care, Medicaid card services, or private pay.
- People who provide care to a loved one who is participating in Options Counseling to consider enrollment into a Publicly Funded Long-Term Care Program will be approved for a partial grant since they intend to access long term supports. Once enrolled in a Long-Term Care Program there are limited instances in which Caregiver Support funds can be available.

Vendor and Payment Information

Informal caregivers receiving payment through a grant will need to submit a completed Background Information Disclosure, W9, and Vendor Maintenance form. All are subject to approval before payment can be made.

Payment requests (invoices, receipts, and timesheets) will be submitted on a monthly basis. We request that all such payment requests be submitted by the 7th day of the month following the last day of the service month. Payment requests received after the 7th day of the month may not be processed until the following month.

Once received, it can take up to 30 days for payments to be made. We request that you do not contact us for a payment status update until those 30 days have passed.

Individuals or entities who receive funds through the _____ County Caregiver Support Program will receive a 1099-MISC tax form that will record the amount of funding received. Please discuss any concerns or questions with a tax professional.

Other Resources

In addition to financial support, we aim to connect you with other supports that may be available to your family such as:

- Services that can be accessed through __[county ADRC]_____
 - Dementia Care Specialists
 - Benefits Specialists
 - Powerful Tools for Caregivers and Savvy Caregivers trainings
 - Long Term Care Programs (IRIS, Family Care, Partnership, PACE, if applicable)
- Respite Care Association of Wisconsin - respitecarewi.org
- Trualta Virtual Family Caregiver Education and Support – wisconsin caregiver.trualta.com

To learn more, you can contact us directly at _____.

Sincerely,

Caregiver Support Coordinator,

EXAMPLE 2 – Caregiver Coordinator Letter

Appointment Letter

Hello,

This letter is to confirm our appointment to review your interest in, and eligibility for, the AFCSP program. Your appointment is scheduled for _____, at _____ at your home.

Below are the following guidelines regarding the AFCSP program and the documentation that we will need to complete the application process.

To qualify for these grant dollars a person must meet the following requirements:

- \$48,000 *or less* in annual income
- If a family's income exceeds \$48,000 there are items that we could deduct from this to decrease this.
- Physician verified Alzheimer's disease or related dementia
- Currently residing in the home
- Not currently receiving respite through a Community Options Program (COP) waiver or a Family Care Program.

The documents to bring to your appointment:

- Verification of annual income via any of the following forms (I have included the calculations from last year, so you have a starting point):
 - Most recent Bank Statement (this would reflect Social Security Payments, Pensions and or Dividends)
 - Annual or monthly Social Security Statement
- Out of pocket, dementia related expenses: Day Programs, cost of prescriptions taken as a result of the dementia, revisions made to home or vehicles to accommodate the dementia diagnosis.
- Estimated out of pocket expenses for personal cares, such as wipes, briefs or undergarments, pads, Ensure or other pre-mixed drinks, etc.
- Out of pocket costs for insurance premiums including long term care policies for the person with dementia.
- IF the Power of Attorney for Healthcare has been activated, please provide us with a copy for our files.
- If you have it, documentation of a dementia diagnosis.

Please allow about 45 minutes for this appointment. Every family is different so it may not take this long, but I do not want to rush through and not provide your family with the best care plan possible. Please feel free to contact me with any questions and I look forward to working with your family in the coming year.

EXAMPLE 3 – Caregiver Coordinator Letter Approval Letter

Date _____,

Dear _____,

Based on the information provided during the Alzheimer's Family Caregiver Support Program (AFSCP) application process, your family has been approved for AFSCP funding effective _____. These funds can be used to offset the cost of the care plan we discussed.

Please note:

1. AFSCP funding is available up to \$1,000.
2. We will reimburse for an agency at the agency rate listed on the invoice.
3. We will reimburse for a private person/caregiver. You are welcome to pay them whatever you choose but we will reimburse at the approved rate of no more than \$15/hr.
4. Funds must be expended by 12/31/2025.
5. Expenses that exceed \$1,000 will be the responsibility of the consumer or their family.
6. If enrolled into a Long-Term Care funded program these funds will no longer be available to you.
7. **Please submit reimbursements at least once a month.**
 - a. Failure to submit expenses monthly may result in a recalculation of your award based on actual usage.
 - b. If 60 days go by without submitting any expenses, the file might also be closed.
 - c. If you choose to email your expenses, please send to ADRC.Caregiver@browncountywi.gov for processing.

Please note that you have been added to a Caregiver Database and will periodically receive information about upcoming Caregiver Events. If you'd like to opt out of this group, please let me know.

Also enclosed you will find flyers for two of the Caregiver support programs we offer here at the ADRC.

- 2025 Class Schedule for **Powerful Tools for Caregivers** – a program that focuses on the importance of taking care of yourself so you can continue caring for Don. There are comments on the backside from past participants that might help you make up your mind.
- **Mug Club Caregiver Support Group** – This group meets once a month, and you can join us virtually in the morning, or in-person, here at the ADRC in the evening.

I welcome and encourage you to contact me with questions at any time at
____[number]____ or ____[email]_____.

Sincerely,
Caregiver Specialist

**EXAMPLE 4 – Caregiver Coordinator Letter
Re-Enrollment Letter**

Hello _____,

You are receiving this letter to confirm that I have you scheduled on _____, at _____. I will call you on the number you've provided.

This call will take approximately 1 hour. During this call, we will go over a few areas of your life and the life of your loved one to pull together your care plan (how you would use these funds).

While your loved one is always welcome to join the call if you'd prefer, please know that this program is geared to help you, the caregiver. We've found that when the loved one attends the caregiver can't always talk candidly about how things are really going and where supports are needed. Our role is to take care of you, as you are the customer when it comes to the programs that we oversee.

If you have questions, comments, concerns, or your plans change and you are unable to make our appointment, please do not hesitate to reach out to me.

I look forward to working with your family this coming year.

I've also enclosed a flyer for the upcoming Powerful Tools for Caregivers Classes. If you have already taken this class, please share it with a friend who is a caregiver. IF you haven't taken the class, do consider joining us as it has proven to be so beneficial to the caregivers who have taken the time to attend.

Sincerely,
Caregiver Specialist

**EXAMPLE 5 – Caregiver Coordinator Letter
Follow Up Letter after Caregiver Needs Assessment**

Date _____

Dear _____,

Based on our discussion regarding the National Family Caregiver Support Program, you have been approved for NFSCP funding effective _____. These funds can be used to help cover the cost of the care plan we discussed while completing the Caregiver Needs Assessment.

This financial support will include but is not limited to:

- 1/2 the cleaning bill for the combined household (shared duplex)
- Companion to stay with or check on _[care recipient]____ while parents go up north.
- Ready-made meals from the Deli. Does not include fast food, take out, delivery, To-Go or daily groceries
- In home PT/OT if not covered by insurance.

Enclosed are reimbursement sheets for your convenience. Please feel free to start submitting expenses as soon as you incur them in January.

Keep in mind that reimbursement requests must be turned in as often as you'd like but at least once a month. Please send receipts or provide a signature as proof of payment for all services. If your family's needs change, please don't hesitate to contact me to discuss how we can meet your needs.

Please note:

8. NFCSP funding is available for up to \$1,000 and will not exceed \$1,000.
9. We will reimburse an agency or business at the agency/business rate listed on the invoice.
10. We will reimburse services provided by a private person/caregiver. You are welcome to pay them whatever you feel is fair, and we will reimburse you at the approved rate of no more than \$15/hr.
11. Funds must be expended by 12/31/2025.
12. Expenses that exceed \$1,000 will be the responsibility of the consumer or their family.
13. If enrolled into a Long-Term Care funded program these funds will no longer be available to you.

CONTINUED ON BACK

14. Please submit reimbursements at least once a month and before the 5th of the month when possible.

- a. Failure to do, may result in a recalculation of your award based on actual usage, up to closing the file.
- b. If expenses haven't been submitted for 60 days or more, your file can be closed and the funds awarded to a family on the waitlist.
- c. If you choose to email your expenses, please send to _____ for processing.

Also enclosed is a short, 8-question, [Customer Satisfaction Survey](#), we would really appreciate your feedback. Would you be so kind as to complete the survey and send it to the State in the enclosed envelope?

Please note that you will be added to a Caregiver Database and will periodically receive information about upcoming Caregiver Events. If you'd like to opt out of this group, please let me know.

Also enclosed you will find flyers for three of the Caregiver support programs we offer here at the ADRC.

- Powerful Tools for Caregivers – a program that focuses on the importance of taking care of yourself so you can continue taking care of your loved one. There are comments on the backside from past participants that might help you make up your mind.
- Mug Club Caregiver Support Group – This group meets once a month, and you can join us virtually in the morning, or in-person, here at the ADRC in the evening.
- Future Planning Series regarding end-of-life planning starting in January.

I welcome and encourage you to contact me with questions at any time at ___[number]___ or ___[email]___.

Sincerely,

Caregiver Specialist

**EXAMPLE 6 – Caregiver Coordinator Letter
No Use Letter**

May 13, 2024

Dear _____,

I'm reaching out to you today because back in ____[month]_____, we awarded you \$1,000 in NFCSP funds to assist you with caregiving for ____[care recipient]_____.

At this point, it's been four months since the award and there have been no submitted expenses. While you've expressed an interest in these funds, we have many families who have been waitlisted and are waiting for these funds to be available.

You've expressed an interest in using the funds for mowing the lawn and housekeeping. I've included a listing of housekeeping services for you. Per our conversation, I will follow up with you in two weeks, ____[date]_____, to see what you have put into place.

At that time, we will be either decreasing the funds awarded based on actual usage or closing the file due to inactivity.

You are more than welcome to reapply for the program, and if there are funds available, we can review your situation to make sure these funds would best meet your needs. If funds are not available, we can add you to the waitlist.

In the meantime, if you have any questions or additional needs, please reach out to us here at the ADRC. You can call our main number at ____[number]_____ or ____[email]_____ and ask for Information & Assistance.

Sincerely,
Caregiver Coordinator

**EXAMPLE 7 – Caregiver Coordinator Letter
Low Use Letter**

____[Date]____

Dear _____,

I am reaching out to you today because earlier this year, you were awarded \$1,000 in NFCSP funding. Since the award was given, we haven't seen consistent expenses turned in.

These funds are only good through December 31, 20____. If we don't use the funds, we lose them. ***This sends a message that we do not need them,*** which is certainly not the case and not the message we want to send.

- If you have expenses to submit, please send them as soon as possible, **but no later than ____[date]_____**. If you need more Reimbursement Invoices, please reach out.
- If you have decided not to use the funds, your needs have changed and your care plan needs to be modified, or your caregiver role has changed, please let me know.
- If I do not hear from you by ____[same date]_____, the award amount will be recalculated based on your actual usage.
- If we close the file or reduce your award due to low/no usage, you are still more than welcome to reapply for funding, and if there are funds available, we can review your situation to make sure we are best meeting your needs.

In the meantime, if you have any questions or additional needs, please reach out to us here at the ADRC. You can call our main number at ____[number]_____ or ____[email]_____ and ask for Information & Assistance.

Sincerely,
Caregiver Coordinator

**EXAMPLE 8 – Caregiver Coordinator Letter
Closing Letter**

____[Date]_____

Dear _____,

I've been trying to connect with you regarding NFCSP (National Family Caregiver Support Program) Funds. Since I haven't heard back from you, I am hoping to connect with you as a result of this letter.

These funds are to help lighten your load as a caregiver and can be used in many ways.

Back in August you were awarded \$1,000 in NFCSP funding.
After we talked last month, I decreased the award amount but left a small balance for you to use. I haven't seen anything come through since that conversation.

These funds are only good until December 31st. If we don't use the funds, we lose the funds. That sends the message that we don't need the funds, and nothing could be further from the truth.

Due to inactivity, at this time, I've closed the file. You are more than welcome to re-apply for funding in the future if you'd like.

If you have any questions please contact me at _____[number]_____ or ____[email]____.

Sincerely,
Caregiver Coordinator

EXAMPLE - 1 Desk Reference:

(Can be edited to include your local resources & shared with colleagues so they stay informed about Caregiver Programming)

Mug Club

Monthly support group for informal caregivers (family, friends, partners). Meets on the second Wednesday of each month. Virtual group meets 10-11am, in-person group meets at ADRC from 5:30 – 7pm.

[2022 Mug Club.pdf](#)

DeMENTia Group

Support group for men caring for loved ones with dementia. Meets twice per month (1st and 3rd Tuesdays) at community locations.

[DeMENTia Support Group.pdf](#)

Trualta

Online learning and support portal. Contains articles, videos and tip sheets for families. The 24-hour accessibility and short learning modules makes it caregiver-friendly. Pop in whenever they have time for a quick lesson or search for a specific issue.

[Trualta ADRC Flyer 4.28.21.pdf](#)

AFCSP & NFCSP

Reimbursement programs for caregivers. AFCSP is for caregivers of those with irreversible memory loss (MCI, dementia, Alzheimer's, etc.); NFCSP is for caregivers of those over 60 or for grandparents raising grandchildren.

[ENG_AFCSP NFCSP Trifold 12.29.21.pdf](#)

[ENG_AFCSP Flyer 11.29.21.pdf](#)

[ENG_NFCSP Flyer 1.21.22.pdf](#)

Referral to Respite Care Association of WI

Caregiver Respite Grant Program (CRGP) provides payment for up to 5 days of respite care. Can be taken continuously or in chunks. Can reapply every 90 days as funds allow.

Supplemental Respite Grant Program (SRGP) provides a check for \$250 for caregivers to use towards services and items that provide them with a break from caregiving. The list of allowable expenses is below.

[Respite Care Association of Wisconsin Respite Care Grants | Funding for Respite Care | RCAW](#)

[2024 Allowable-Expenses.pdf](#)

Powerful Tools for Caregivers

Six-week program designed to provide caregivers with the tools to take care of themselves while caring for a loved one.

[2025 PTC.pdf](#)

Miscellaneous grants & externally managed funds that we can refer to:

Association for Frontotemporal Degeneration – Respite Grant, Quality of Life Grant, Travel Grant

Hilarity for Charity (Alzheimer’s or dementia diagnosis) – Home Care Recharge Respite Grant, Extended Relief Respite Grant

ALS Association – The Flex Grant, The Transportation Grant

Parkinson Disease Association – Financial Support Program

CurePSP – Quality of Life Respite Grant

[Customer and Caregiver Grant Programs.pdf](#)

SAMPLE CONTRIBUTION LETTER FOR NFCSP

Dear _____

In [insert month/year], you received services through our Caregiver Support Program.

As part of this program, we are required to offer you the opportunity to contribute toward the cost of the services you received. If you can contribute, please know that your gift will remain **confidential** and will help us extend support to more caregivers across [insert county].

Participation in this program **is not dependent on your ability or willingness to contribute.**

To contribute, please return the lower portion of this letter with your contribution. You may keep the top portion for your records.

Thank you for being a valued part of our caregiving community.

----- ✂ ----- ✂ ----- ✂ -----
Would you like information about any of the following?

- ☐ Power of Attorney or legal decision-making documents
- ☐ Medication management
- ☐ Personal Emergency Response devices
- ☐ Memory loss
- ☐ Caregiver support groups
- ☐ Other _____

SAMPLE NFCSP WELCOME LETTER

Including CONTRIBUTION INFORMATION

Welcome to the National Family Caregiver Support Program (NFCSP)!

Limited funds for NFCSP are made available in each county to assist informal or family caregivers to purchase goods and services that help them do their job as a caregiver. Funding is short-term and aims to relieve some of the caregiver responsibility and give you a break. This break is often referred to as “respite.” Goods & Services will be determined by a Needs Assessment & may include but are not limited to:

- Respite care (in-home supportive care visits, adult day services, companionship visits, housekeeping, mowing/shoveling, shopping, meal preparation, personal care, etc.)
- Education and training (fees for classes/conferences, books, DVDs, etc.)
- Adaptive equipment and assistive technology (shower chairs, grab bars, door alarm, etc.)
- Incontinent supplies (wipes, incontinence pads or underwear, etc.)
- Recreation and social activities (classes, group activities, entertainment)

Services are not provided by ADRC staff. Our role is to connect you with the service and approve the NFCSP funds to pay for it. There are 3 ways services can be paid for once approved:

- 1) Direct Payment to Agency/Business: The ADRC contracts with several area businesses and agencies for services. The ADRC sends payment directly to the business. If you need an item from Amazon, the ADRC will purchase and ship it directly to you. We are tax exempt, so this stretches your funds also. This is the preferred method.
 - 2) Private Provider: You can hire a family member, neighbor, or friend to provide a service for you. The ADRC does not do background checks on your private provider but encourages you to do so. The person you choose will be paid \$15/hour. A time sheet will be provided for that person to fill out the hours worked. The caregiver “signs off” to approve that the service occurred. Either you or the provider can return the timesheet to _____ the following month and payment could take 3-4 weeks to receive. This private provider will need to fill out a W-9 and is taxable income.
 - 3) Reimbursement (last resort and must be pre-authorized by ADRC Manager) If needed, you can pay for a service or item, and the ADRC will reimburse you for it. To receive reimbursement, you must provide detailed receipt, proof of payment, and fill out a W-9 for a check to be issued.
- Approval must be made by the ADRC prior to purchasing any services or goods. If the ADRC can authorize more later, based on funding availability and program guidelines, there needs to be an additional written authorization.

- Any services received beyond the authorized amount will be your responsibility to privately pay.
- The authorized amount is only valid for the current calendar year.
- If your loved one moves to a facility or has a big change in their health condition, please notify us.

Contributions Accepted

This program requires that we provide you with an opportunity to contribute toward the cost of the services you received. Any contribution is confidential and will be used to provide this service to more people in _____ County. Your participation in this program is not contingent upon your ability or willingness to contribute. If you feel able and inclined to contribute, you may do so by mailing a check with NFCSP on the memo line to the address below, or donating online on our website, _____.