

# Are You a Caregiver and Need a Break?

Alzheimer's Association  
New Mexico Chapter



## WE ARE HERE TO HELP

Did you know the New Mexico Chapter has six core programs?

- Family Care Consultation
- 24/7 HELPLINE
- Respite
- Education
- Support Groups
- Safe Return

## Annual Respite Reimbursement Vouchers

### Who qualifies:

Primary caregivers who live with their loved one with a diagnosis of Alzheimer's disease or a related dementia

### Reimbursements:

Up to \$300.00 a year

## Emergency Respite Voucher

### Who qualifies:

Primary caregivers who live with their loved one with a diagnosis of Alzheimer's disease or a related dementia who meet emergency criteria on a case by case basis.

### Reimbursements:

Up to \$1000.00 (Lifetime)

alzheimer's  association®  
the compassion to care, the leadership to conquer

For information contact:

(505) 266-4473 or call 24 hour HELPLINE (800) 272-3900



9500 Montgomery Blvd. NE, Suite 121  
Albuquerque, NM 87111

Dear Respite Program Applicant,

The New Mexico Chapter of the Alzheimer's Association is pleased to offer respite care financial reimbursement assistance to families affected by Alzheimer's disease or other related dementias throughout the state. We commend you for your commitment and dedication in caring for your loved one. You are among many of the unsung heroes in our community. We also recognize that respite, a break or rest, from your daily routine is vital to your survival as a caregiver.

The availability and cost of respite services vary from community to community. If you are not familiar with the services in your community, please call the Alzheimer's Association for assistance.

Albuquerque/Statewide Office:	505-266-4473
Farmington/Northwest Regional Office:	505-326-3680
Las Cruces/Southwest Regional Office:	575-647-3868
Santa Fe/Northeast Regional Office:	505-473-1297
Roswell/Southeast Regional Office:	575-624-1552

We know that the task of care giving can be overwhelming at times and invite you to call our 24 hour toll free Helpline when you need support or have questions.

**Toll free 24 hour Helpline**

**1-800-272-3900**

Attached you will find information about the respite care financial reimbursement assistance program and an application. Instructions are easy to follow but please call with any questions. We look forward to hearing from you.

Sincerely yours,

Siobhan Mitchell  
Director of Operations

# RESPITE CARE FINANCIAL REIMBURSEMENT ASSISTANCE PROGRAM

## **The Goal of the Respite Care Financial Reimbursement Program**

To offer assistance to people with Alzheimer's disease or a related Dementia disease an opportunity to receive needed respite care services.

**Primary Caregivers are responsible for providing your own respite caregiver.**

## **Respite services are defined as:**

A brief break or rest from the day to day duties of caregiving.

## **Respite services may include:**

- ♥ Adult Day Care: organized day care program for adults outside the home.
- ♥ In-home Care: agency, employee or private individual provides care in the home.
- ♥ Certain short-term stays in Assisted Living Care and Nursing Facility

## **In order to qualify for this financial reimbursement assistance:**

- ♥ The person must have a diagnosis of Alzheimer's disease or a related dementia.
- ♥ The primary caregiver and person with the diagnosis must live in the same household in New Mexico.

## **Application process:**

- ♥ Caregivers must complete and return this application to:  
Alzheimer's Association – New Mexico Chapter  
Attention: Respite Program  
9500 Montgomery Blvd., NE, Suite 121  
Albuquerque, NM 87110

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- ♥ Applications will be reviewed for acceptance into the program. After the review, the primary caregiver will be notified of the status of the application.
  - ♥ If the application is accepted, a respite voucher will be issued to the primary caregiver. The respite voucher is valid for the current calendar year.

## **Reimbursement process:**

- ♥ Complete the verification form, return the form to the chapter Office (address under Application process), along with a copy of your paid bill or signed receipt for services.
- ♥ We can only reimburse for services provided ***after*** your application has been approved.
- ♥ Reimbursement will usually be processed within fourteen business days of receiving the completed verification form and signed receipt for services.
- ♥ Reimbursement will not exceed \$100.00 per voucher.
- ♥ The maximum calendar year amount is \$300.00.

*The Respite Care Financial Reimbursement Assistance Program is funded by the Alzheimer's Association – New Mexico Chapter, a non-profit organization dedicated to serving families affected by Alzheimer's disease and related Dementia disorders. The New Mexico Chapter is responsible for the administration of the Financial Reimbursement Assistance Program. Grants, private contributions and memberships help support this program and may be sent to the Alzheimer's Association – New Mexico Chapter.*

**APPLICATION FOR RESPITE CARE  
FINANCIAL REIMBURSEMENT ASSISTANCE PROGRAM  
PRIMARY CAREGIVER INFORMATION**

Primary Caregiver's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 SS# \_\_\_\_\_

Primary Caregiver's Relationship to the Patient \_\_\_\_\_

Primary Caregiver's Ethnicity:    \_\_\_ Anglo   \_\_\_ Hispanic   \_\_\_ Native American   \_\_\_ Other \_\_\_\_\_

How would you rate your health?   \_\_\_ Very Good   \_\_\_ Good   \_\_\_ Average   \_\_\_ Fair   \_\_\_ Poor

Primary Caregiver's sex:           \_\_\_ Male   \_\_\_ Female

**PRIMARY CAREGIVER AND PERSON WITH THE DISEASE  
MUST LIVE IN SAME HOUSEHOLD**

Physical Address \_\_\_\_\_ City \_\_\_\_\_ NM ( Zip) \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ NM (Zip) \_\_\_\_\_

Phone \_\_\_\_\_ Do you have help caring for your patient?   \_\_\_ YES   \_\_\_ NO

If yes, give the number of hours weekly: At no charge to you \_\_\_\_\_ For which you pay \$ \_\_\_\_\_

**PERSON WITH THE DISEASE (ALZHEIMER'S OR RELATED DEMENTIA) INFORMATION**

Person with the Disease Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Last 4 SS# \_\_\_\_\_

Person with the Disease Sex:       \_\_\_ Male       \_\_\_ Female

Person with the Disease Ethnicity:   \_\_\_ Anglo   \_\_\_ Hispanic   \_\_\_ Native American   \_\_\_ Other \_\_\_\_\_

**DOCTOR INFORMATION**

**(Doctor who provided the Alzheimer's or Dementia related diagnosis)**

What is the diagnosis? \_\_\_\_\_ Date of Diagnosis by Doctor \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Doctor's Telephone number \_\_\_\_\_

**ADDITIONAL INFORMATION**

How did you hear about the Respite Care Financial Assistance Program?

\_\_\_ Used this program in the past   \_\_\_ Doctor   \_\_\_ Relative   \_\_\_ Friend/Neighbor

\_\_\_ Other \_\_\_\_\_

What type of respite care will you use?   \_\_\_ Adult Day Care   \_\_\_ In-Home Care   \_\_\_ Residential Housing

**ACKNOWLEDGMENT**

“To the best of my knowledge, the above information is valid and accurate. I understand that the role of the Respite Care Financial Reimbursement Program is solely to provide financial assistance for respite care and that the New Mexico Chapter of the Alzheimer's Association provides neither management nor direction of any respite care received by me or by any member of my family. Accordingly, I release the New Mexico Chapter and the National Alzheimer's Association from any responsibility for any such care so provided.”

Primary Caregiver's Signature \_\_\_\_\_ Date \_\_\_\_\_