



Dear Caregiver,

Thank you for contacting Baltimore City Health Department Office of Aging & CARE Services', National Family Caregiver Support Program for assistance with your caregiving responsibilities for your loved ones.

The Office of Aging & CARE Services is the primary program in the city responsible for advocating for and delivering services to older adults, their family and caregivers in the City of Baltimore.

Enclosed you will find the forms needed to process your request for caregiver assistance. Please complete all forms and return them to our office as soon as possible. Please note that all applications are based on a first come, first served basis and the availability of funds.

The information contained in this application packet is legally privileged and confidential information intended for the use of this application only.

If you have any questions regarding this request or have a need for assistance with other services, please feel free to contact us at (410) 396-4932.

If you need assistance with your grant application please contact Jazmine Adams or Aisha Ross at **(410) 396-4932**.

Sincerely,

Aisha Ross

Program Manager



Family Caregiver's Grant Requirements

The National Family Caregiver Support Program (NFCSP) provides **non-emergency and non-expedited** financial assistance to caregivers to pay for respite or supplemental services. Monies may be paid directly to the caregiver, the care recipient, or the vendors. The funds can be used to hire providers for respite services or to reimburse you for out-of-pocket expenses related to your role as a caregiver. Currently assistance is limited to **\$300 per person annually (from date of processing)**. This assistance is subject to the availability of funds.

The categories of caregivers who can take advantage of these services are:

- ◆ **Caregivers who are caring for someone age 60 or older.** The care recipient must require assistance with at least two activities of daily living (ADL's) and these must be verified by the primary care physician on the *Medical Status Verification Form*.
- ◆ **Caregivers who are age 60 or older caring for a loved one.** The care recipient must require assistance with at least two activities of daily living (ADL's) and these must be verified by the primary care physician on the *Medical Status Verification Form*.

*** The caregiver and care recipient do not have to be blood relatives***

- ◆ **Grandparents and other relative caregivers age 55 or older** who are caring for a child age 18 or under. *(The child must be living with the grandparent/relative caregiver)*
- ◆ **Grandparents or relative caregivers age 55 or older**, providing care for adult children with a disability between 19 and 59 years of age. The caregiver cannot be the child's natural or adoptive parent. *(The child must be living with the grandparent/relative caregiver)*
- ◆ **Caregivers of individuals with Alzheimer's disease or any other form of dementia.** The caregiver should be at least 18 years of age and be caring for an individual with any dementia related illness at any age.

Geographic requirements:

- ◆ ***The Care Recipient must be a Baltimore City resident.***
- ◆ ***It is not required that the caregiver and the care recipient live in the same household. The geographic distance between the caregiver and the care recipient cannot exceed a 60 mile radius. If the caregiver and the care recipient do not live in the same household, a notarized letter must be provided stating the name of the primary caregiver.***

How to Apply: Call NFCSP at **410-396-4932** to obtain your application package. Complete the Family Caregiver Grant Request and submit copies of receipts, invoices, or bills to accompany your reason for request. The care recipient's primary care physician must complete the **Medical Status Verification Form**. The payee must complete a **W-9** form before the request can be processed and the payment disbursed. A **copy of a Maryland State ID** (a photo ID is acceptable if applicants do not have a State ID) and a copy of your **unaltered social security card** must also accompany all other requested paper work, for both the caregiver and the care recipient. Processing time may take **90-180+ days**.

Please forward all information to:

**BALTIMORE CITY HEALTH DEPARTMENT, Office of AGING & CARE SERVICES
NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM
417 EAST FAYETTE STREET, 6th Floor
BALTIMORE, MARYLAND 21202**



EXAMPLES OF ACCEPTABLE REIMBURSEMENTS OR REQUESTS

- Medical Cost
 - Prescription/Over the Counter Medication
 - Doctor/hospital bills
 - Medical supplies (diapers, gloves, syringes, etc.)
- Household Repairs
- Household Bills (please note we will not provide financial assistance if you have a turn off notice or if the amount due is 2-3x's greater than the grant amount)
- Clothing for care recipient or caregiver
- Nutritional Supplement
 - Glucerna
 - Ensure
 - Boost
 - Suppligen
- Bedding
 - Mattresses
 - Bed Frame
 - Mattress Cover
- Household Appliances
 - Washer
 - Dryer
 - Stove
 - Refrigerator
 - Microwave
 - Television
 - Etc.
- Housing Cost
 - Rent
 - Mortgage
- School Supplies
- Cleaning Supplies
- Respite
 - Adult/child day care cost
 - Summer camp fees
 - After school programs
 - Outside provider reimbursement

****MUST SHOW RECEIPTS FOR PURCHASED ITEMS or PROFESSIONAL ESTIMATES FOR ITEMS TO BE PURCHASED****



NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

Family Caregiver Grant Request

Date Received: _____ Date Processed _____

Care Recipient's Name: _____ DOB: _____

Address: _____

Zip code: _____ SS# _____

Medical Diagnosis: _____

ADL Assistance Required: _____

Reason for Request: **Be specific** _____

Total Amount Requested \$ _____

PAYEE INFORMATION (Person/Business check will be made out to):

Payee's Name: _____

Payee's Address: _____

Payee's Contact #: _____

CAREGIVER STATISTIC:

Caregiver's Name: _____ DOB: _____

Sex: M or F _____ SS#: _____ Is Caregiver a Grandparent? Yes _____ No _____

What is the Caregiver's Relationship to the Client? _____

What is the Caregiver's race? _____ African American _____ Hispanic Origin
_____ American Indian/Native Alaskan _____ Caucasian
_____ Asian American/ Pacific Islander _____ Other

Are you a paid caregiver? Yes _____ No _____

Caregiver's Street Address: _____

City: _____ State: _____ Zip code: _____

Caregiver's Telephone #: _____

Form Completed By: _____



Date: _____

To Whom It May Concern:

Medical Status Verification Form

Doctor's Name

Address.....
.....

Telephone.....

Client's Name.....

Address.....
.....

Tel:

Statement of Medical Condition

Please state the medical condition of the above named individual. This form must be completed by a medical doctor.

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Activities of Daily Living (ADL's) assistance: **(REQUIRED)**
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.....

MD Signature.....

ID #.....**Date**.....

**If you have any questions regarding this request, please contact
M. Jazmine Adams at 410-396-4932.**



**Baltimore City Health Department, Office of Aging & CARE Services
National Family Caregiver Support Program
417 East Fayette Street, 6th Floor
Baltimore, Maryland 21202**

THE FOLLOWING ITEMS MUST BE SENT WITH THE COMPLETED APPLICATION:

- ☐ W-9 form. The W-9 form is to be completed by the payee listed on the application.
- ☐ Receipts/invoices/bills. Please send in receipts or bills for what you have purchased or professional estimates for what you plan to purchase.
- ☐ Medical status verification form completed by a medical doctor (**ADL's must be listed**).
- ☐ A copy of a photo identification card and the social security card for both the caregiver and care recipient.

**PLEASE DO NOT FAX APPLICATION PACKET OR REQUIRED DOCUMENTS.
FAXED APPLICATIONS WILL NOT BE ACCEPTED. PLEASE MAIL
APPLICATIONS TO THE CAREGIVER PROGRAM AT THE ABOVE ADDRESS**

If you need additional information, please contact M. Jazmine Adams at 410-396-4932.

Aisha Ross
Program Manager
National Family Caregiver Support Program



FREE CAREGIVER TRAINING CLASS

The Baltimore City Health Department, Office of Aging & CARE Services', National Family Caregiver Support Program is offering a free Training Program for caregivers and volunteers. The training program is a 12-hour course that provides training to caregivers and volunteers on different subjects, such as how to care for someone on bed rest, how to manage medication, fall prevention, fire safety, etc. At the end of the training course, you will receive a certificate of completion.

PLEASE NOTE: This is a personal enrichment class.
You **DO NOT** receive a State licensure certification.

If you are interested in participating in the free caregiver training class, please fill out this application and mail it back to the address below.

Mail or Fax form to:
Baltimore City Health Department, Office of Aging & CARE Services
National Family Caregiver Support Program
417 East Fayette Street, 6th Floor
Baltimore, Maryland 21202
Tel: 410-396-4932

Name: _____
Address: _____ Zip code _____
Tel: _____