



## Michigan Parkinson Foundation (MPF) Respite Care Program

The Michigan Parkinson Foundation (MPF) Caregiver Respite Assistance Program is designed to help alleviate caregiver burnout. It provides financial support for in-home care, adult day centers, and short-term stays at facilities when 24/7 overnight care is required. Our goal is to ease the numerous stresses associated with caregiving, allowing caregivers to take a necessary break from their responsibilities to recharge or attend to their own needs. MPF works with agencies throughout the state of Michigan to connect you with respite services in your area.

### What is Respite Care?

Respite Care Services can include companionship, meal preparation, medication reminders, grocery shopping, light housekeeping, bathing and/or dressing, incontinence care, mobility assistance, assist with activities of daily living, and transportation.

### Respite Care Financial Assistance – How to Qualify?

To qualify for our respite care program, client must:

- Have a confirmed diagnosis of Parkinson's disease or related disorder.
- Reside in Michigan – please note that due to the increase of demand, clients residing in alternative living arrangements such as senior living, group home, assisted living, memory care, etc. will not be eligible for funding.
- Have a financial need to help pay for care in home and are not enrolled in long term care benefits.

### Respite Care Financial Assistance – How to Apply for Funding?

- **Complete the Respite Application:** The client or caregiver must complete the respite care application that includes client demographics, medical, and financial information and sign an attest to the truthfulness of the information.
- **Physician Confirmed Diagnosis:** A written letter/confirmation of Parkinson's disease (or related disorder) from a physician must be provided. The diagnosis can be faxed to 248-433-1150. **This is required for review of application.**
- **Submit the Application and Diagnosis** to MPF social worker for review.

Once you submit the application including the diagnosis, the staff social worker will reach out to further discuss the utilization and availability of funding. Each case is reviewed on its individual merits. While we do not have specific parameters or a cut-off for income in order to qualify for the program, we ask that individuals who apply for the program have a true financial need. We appreciate your patience and understanding in this process as funding is limited and not guaranteed.

For more information regarding our respite care assistance, please contact MPF social worker at 248-419-7170 or email [Respite@parkinsonsmi.org](mailto:Respite@parkinsonsmi.org).



## Respite Financial Assistance Application

### Primary Caregiver Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone number \_\_\_\_\_

Relationship to person with Parkinson's \_\_\_\_\_

### Person with Parkinson's (PwP) Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Neurologist's Name \_\_\_\_\_ Year of Diagnosis \_\_\_\_\_

Estimated monthly household income including SSDI/SSI/Pension \_\_\_\_\_

Estimated monthly expenses ? \_\_\_\_\_

How much are you paying each month to manage your Parkinson's? (co-pays, medications, equipment, home health, transportation, etc.)?  
\_\_\_\_\_

Do you receive any natural (unpaid) support? Yes No

If Yes, who provides the support? \_\_\_\_\_

**Please circle the following demographic information related to the PD patient.**

**Marital Status:** Single Married Divorced Widowed

**Race:** White African American Asian American Indian Pacific Islander

**Residency:** Single-family home Independent apartment Senior housing

**Type of medical insurance:** Medicare Medicaid Private Carrier None

**Veteran:** Yes No **Currently in contact with VA:** Yes No

**Please see second page to complete application**

Please indicate which stage the PwP is currently in below by circling or highlighting the stage.

Stage of Parkinson's Disease	Early PD		Mid-stage PD	Advanced PD	
	1	2	3	4	5
<b>Severity of Symptoms</b>	<b>MILD</b> Symptoms generally do not interfere with daily activities. Movement symptoms occur on one side of the body only. Changes in posture, walking and facial expressions occur.	<b>MILD</b> Movement symptoms affect both sides of the body or midline. Walking problems and poor posture may be apparent. Daily tasks are more difficult and lengthier.	<b>MODERATE</b> Considered mid-stage, loss of balance is the hallmark. Falls are more common and slowness of movement. Motor symptoms continue to worsen.	<b>SEVERE</b> Symptoms are fully developed and severely disabling. The person can walk and stand without assistance but may need to ambulate with a cane/walker for safety. The person needs significant help with activities of daily living.	<b>SEVERE</b> Most advanced and debilitating stage. Stiffness in the legs may make it impossible to stand or walk. The person is bedridden or confined to a wheelchair. Around-the-clock care is required for all activities.

In 1967, Hoehn & Yahr defined five stages of PD based on the level of clinical disability. Clinicians use it to describe how motor symptoms progress in PD.

Most Bothersome Symptoms \_\_\_\_\_

Other Major Symptoms \_\_\_\_\_

What type of equipment do you use? \_\_\_\_\_

What additional service(s) do you need? \_\_\_\_\_

Please provide any additional information you feel would be helpful for us to know.

Who referred you to apply? \_\_\_\_\_

**Physician must provide written confirmation of diagnosis of Parkinson's disease.**

**Diagnosis can be faxed directly to MPF at (248) 433 1550.**

*\*Applications submitted without a diagnosis will not be reviewed for consideration of funding.*

- I understand this request for home care is for temporary, short-term assistance.
- Participation in this program is based on need and the availability of funds.

I hereby release and hold the Michigan Parkinson Foundation, Inc. harmless from, against, and in respect of all claims, injuries, actions, demands, suits, losses, liability, or other damages that may be incurred as a result of accepting goods or services.

I attest that, to the best of my knowledge and belief, all information in the above referenced data reported is accurate and complete.

Applicant/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed application to Stephanie Woznak at [respites@parkinsonsmi.org](mailto:respites@parkinsonsmi.org) or fax to 248-433-1150 or mail to 30400 Telegraph Rd. Suite 150, Bingham Farms, MI 48025