# Respite Care Program Details

The Michigan Parkinson Foundation (MPF) 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.

## How to Qualify?

- 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 communities, group home, assisted living, memory care, etc. **will not be eligible** for funding.
- Have a financial need to help pay for respite care services and are **not** enrolled in long term care benefits.
- 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.

## How to Apply for Funding?

- Complete the Respite Application attached including a written letter/confirmation of Parkinson's disease (or related disorder) from a physician.
- The diagnosis can be faxed to 248-433-1150. This is required for review of application.
- Submit the Application and Diagnosis to MPF.
- Once you submit the application including the diagnosis, the staff social worker will reach out to further discuss the utilization and availability of funding.

For more information regarding our respite care assistance, please contact MPF social worker at 248-419-7170 or email Respite@parkinsonsMI.org

Michigan Parkinson Foundation

# Respite Financial Assistance Application

## Person with Parkinson's (PwPD) Information:

First Name:_____ Last Name: _____

Address: _____ Apt. _____

City: _____ State:_____ Zip: _____ County:_____

Email: _____ Phone: _____ Date of Birth: _____

Neurologist:_____ Year of Diagnosis: _____

Estimated monthly household income including SSDI/SSI/Pension: _____

Estimated monthly expenses:_____

How much are you paying monthly to manage your Parkinson's? (co-pays, equipment, home health, etc.)

_____

Do you receive any natural (unpaid) support? (Family/Neighbors/Friends) ☐ Yes ☐ No

If Yes, who provides the support? _____

**Please select the following demographic for Person with Parkinson's:**

**Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed

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

**Residency:** ☐ Single-family home ☐ Independent apartment ☐ Senior housing/community

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

**Veteran:** ☐ Yes ☐ No **In contact with VA:** ☐ Yes ☐ No

**Carepartner/Caregiver Full Name:**_____

Phone:_____ Email: _____

Relationship to PwPD: _____ Same address as PwPD?: ☐ Yes ☐ No

Type of support provided to PwPD: _____

_____

_____

**Please see second page to complete application**

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| Stage of Parkinson's Disease | Early PD | | Mid-stage PD | Advanced PD | |
|---|---|---|---|---|---|
| |  |  |  |  |  |
| **Severity of Symptoms** | **MILD** 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. | **MILD** 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. | **MODERATE** Considered mid-stage, loss of balance is the hallmark. Falls are more common and slowness of movement. Motor symptoms continue to worsen. | **SEVERE** 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. | **SEVERE** 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.

**Please indicate which stage the PwPD is currently in above**

Most Bothersome Symptoms: _____

Type of equipment used:_____

Additional services needed: _____

Additional information: _____

_____

_____

Who referred you to apply?: _____

- I understand a physician must provide written confirmation of diagnosis of Parkinson's disease for the application to 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/Carepartner Signature: _____ Date: _____

**Submit the Respite Care Application and Diagnosis:**

Email to: Swoznak@parkinsonsMI.org - *you will receive a confirmation email*

Fax to: (248) 433 -1150

Mail to: Michigan Parkinson Foundation

31440 Northwestern Hwy - Suite #185B Farmington Hills, MI 48334