ALS United Rocky Mountain
Caregiver Relief Grant

The ALS United Rocky Mountain Caregiver Relief Program is dedicated to supporting caregivers of individuals living with Amyotrophic Lateral Sclerosis (ALS). Recognizing the immense physical, emotional, and financial challenges faced by caregivers, the program offers grants to provide temporary relief and support. This initiative provides critical relief to caregivers, reducing the overwhelming stress and financial strain that caregiving can impose. Through this program, ALS United is committed to fostering stability, enhancing quality of life, and ensuring families can focus on what matters most—the well-being of their loved ones. An annual grant of $1000 may be awarded to families battling ALS living in Rocky Mountain Region. An application is required and, in the event that we have more applications than available funding, awards will be given on a first come, first serve basis.

Eligibility Criteria:

- Demonstrated need for financial assistance to support caregiving responsibilities.
- Care must be provided by a recognized home care company that can issue receipts for services rendered
- Residency within the regions served by ALS United Rocky Mountain
- Registered with ALS United Rocky Mountain and Consent and Release form signed and submitted

Important Information:

The ALS United Rocky Mountain Caregiver Relief Program is designed to assist families by reimbursing or directly paying the home care agency the allocated grant amount. You are not required to submit receipts for the entire $1,000 simultaneously, though you may request the total amount if applicable. All requests are subject to the availability of funds at the time of submission.

This program provides need-based financial assistance to eligible recipients for charitable purposes. As a gift under Section 102 of the Internal Revenue Code, the assistance is not considered compensation, provided the recipient has not provided services in expectation of the assistance, and there is no expectation of future services or other quid pro quo. Therefore, no 1099 tax form will be issued for the funds provided.

Care must be provided by a recognized home care company that can issue receipts for services rendered. If you do not have the initial funds to pay for caregiving, please reach out to Megan Frisk, Director of Care Services, at megan@alsrockymountain.org to discuss payment options directly through the home care organization. ALS United is committed to ensuring individuals living with ALS and their families receive the critical support they need, making caregiving both accessible and sustainable.

Please follow these steps to receive funds:

- **Step 1** - Check Eligibility Criteria listed above
- **Step 2** - Complete Request for Funds form (pg. 3-4), and sign
- **Step 3** - Attach Paid Receipt(s) *Accepted: Copies of **paid** invoices and/or receipts that clearly show details of services provided*
- **Step 4 -** Complete and submit the Caregiver Relief pre-evaluation form (pg. 2)
- **Step 5 -** Return the completed Request for Funds form with receipt(s) by mail, email, or fax.
- **Step 6 -** You will be notified within 30 days of your request.
- **Step 7** - If approved, reimbursement may take up to 6 weeks. Checks are void after 90 days and cannot be reissued. Please deposit when you receive them.

ALS United Rocky Mountain
10855 Dover St. Ste. 500
Westminster, CO 80021
P: 303-832-2322

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To effectively evaluate the impact of ALS United's Caregiver Support Program, we ask that you fill out a brief pre-program survey for participating caregivers. These surveys will help assess changes in caregiver well-being and the program's effectiveness. Please take a few minutes to help us by filling out the survey and submitting it with the application. Your participation is greatly appreciated.

Pre-Program Survey:

1. **Caregiver Stress Level:** On a scale of 1 to 5, how would you rate your current stress level related to caregiving?
    - 1: Not stressed
    - 2: Slightly stressed
    - 3: Moderately stressed
    - 4: Very stressed
    - 5: Extremely stressed

2. **Financial Strain:** How much of a financial burden do you experience due to caregiving responsibilities?
    - No burden
    - Mild burden
    - Moderate burden
    - Severe burden
    - Overwhelming burden

3. **Access to Support Services:** How would you describe your current access to support services for caregiving?
    - Excellent
    - Good
    - Fair
    - Poor
    - No access

4. **Quality of Life:** On a scale of 1 to 5, how would you rate your overall quality of life now?
    - 1: Very poor
    - 2: Poor
    - 3: Fair
    - 4: Good
    - 5: Excellent

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Request for Reimbursement:

This form is required each time you request reimbursement. Check will be made out to the person with ALS unless otherwise noted. ***Note: Physical address must be provided. PO Box only is not accepted.***

Name:_____

Physical Address:_____ City:_____

State:_____ Zip:_____

Mailing Address (if different from above): _____

City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____

Email:_____

Primary Caregiver Information:

Name:_____ Relations to person with ALS:_____

If different from above:

Address:_____ City:_____

State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____

Email address:_____

Do you attend an ALS Clinic? Yes No If yes, Clinic & Neurologist Name: _____

Are you a Veteran? Yes No

Home Care Agency Information:

Agency Name:_____

Phone:_____ Email:_____

Primary Contact (i.g. nurse, cna, or case manger): _____

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Policies and Procedures:
ALS United Rocky Mountain Caregiver Relief Grant assists with the care needs of those living with ALS in the Rocky Mountain Region, and are registered with our organization. ALS United Rocky Mountain assumes no responsibility or liability for any direct or indirect services or client care. ALS United Rocky Mountain assumes no responsibility or liability for the care arrangement and/or business relationship between the ALS client and their selected service provider.

I have read the Request for Reimbursement Packet and agree to abide by all requirements as stated. By submitting this Request for Reimbursement and signing below, I assume personal responsibility for understanding ALS United Rocky Mountain Caregiver Relief Grant reimbursement process. **The application and receipts must be submitted within 60 days of service date and paid receipt date.**

_____
(Print Name)

_____ _____ _____
Signature Relationship to person with ALS Date

Please mail, email or fax completed forms to the office at:

ALS United Rocky Mountain
10855 Dover St. Ste 500
Westminster, CO 80021
Email: megan@alsrockymountain.org
Phone: (303) 832-2322
Fax: (303) 832-3365

FOR ALS UNITED USE ONLY:

Amount: _____ Approved/Denied By: _____ Date: _____

Reason Denied: ___Receipts were not within the 60days of application ___Funds are unavailable

___Request is outside of the Program's policies