JOG YOUR MEMORY 5K
A Run for Alzheimer's

JYM CAREGIVER FUND

GUIDELINES AND APPLICATION

An Alzheimer's diagnosis is horrific and overwhelming for those afflicted and for their caregivers. Jog Your Memory was formed in 2014 with the purpose of funding research to eradicate Alzheimer's disease. While we remain committed to that mission, we know that every day there are caregivers and families in our community suffering from the emotional and financial devastation brought on by the disease. That is why we are creating the JYM Caregiver Fund. In 2017, we began providing annual grants for caregivers coping with all the stress and uncertainty of having a loved one afflicted by this disease.

Depending on where you are in the process of figuring out care for your loved one, you will receive funds to help best meet your current family needs

- An in-home consultation with a certified geriatric specialist in your geographical area to help guide impacted families on caregiving services and legal matters (Approximate cost $400). Please see our website for details
- Periodic in-home or out-of-home care services to provide the primary caregiver stress-free time away (Approximately 35 hours of care)
- Resources to help make the home more sustainable for the resident suffering from the disease
- Assistance in funding music programs at current caregiving facility

Monetary awards of up to $2,500 are available. All grant monies are mailed to resident's home with checks written payable directly to the chosen service providers. Each family may only receive one award in a twelve month period.

Applicants will be notified of awards by mail and may receive a call to be interviewed prior to being chosen for a grant. Review of a complete application generally takes three to five weeks. A submitted application is not a guarantee of receiving a grant. Funds are limited and are based on availability. All information will be held strictly confidential.

We are unable to process incomplete applications.

The JYM Caregivers Program welcomes applications from candidates actively being treated for Alzheimer's disease who live in New England and New York.

PLEASE RETURN TO:

MAIL: Jog Your Memory 5K, Inc
56 Nichols Road
Needham, MA 02492

EMAIL: jym5kgrant@gmail.com

JOG YOUR MEMORY 5K

A Run for Alzheimer's

APPLICATION

CAREGIVER PROGRAM

Date: / /

PATIENT INFORMATION

(please print clearly)

Name:

Date of Birth: / / Age: Gender:

Marital Status: Email:

Street Address:

City: State: ZIP:

Phone Number(s):

How did you hear about Jog Your Memory 5k?

Briefly explain your circumstance/case, including diagnosis and interest in a grant:

MEDICAL INFORMATION

Physician Name:

Hospital / Medical Facility Name:

Street Address:

City: State: ZIP:

Phone: Fax:

PHYSICIAN CERTIFICATION STATEMENT

(to be completed by a physician)

Diagnosis: Date of Diagnosis: / /

How long have you been treating this patient?

Is patient in active treatment? *(indicate type of treatment)*:

If no, please give date of last treatment:

Additional Information:

I certify that the above listed information is accurate and current.

Physician's Signature: Date: / /

Physician's NPI:

SOCIAL WORKER/HEALTH CARE PROFESSIONAL INFORMATION

(to be completed by a health care professional if applicable)

Name: _____ Title: _____

Hospital / Clinic / Organization Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Why do you strongly believe we should consider this person for assistance?

_____

_____

Referring Professional Signature: _____

Date: / /

MEDICAL INFORMATION RELEASE

I, _____ hereby release _____
patient name *physician name*

and members of his or her staff to communicate via letter or phone with Jog Your Memory 5k Charity and its representatives for the purposes of confirming that I am a patient being treated for _____.
diagnosis

Patient/Guardian Signature: _____

Date: / /