Respite Emergency Funds Request

I first heard about the Emergency Funds from:

Caregiver Intake

Name:		☐ Male ☐ Female ☐ Other
Date of Birth:	**Phone:**	**Email:**
Physical Address:	**Mailing Address:**	
SAMS:	**Date Received:**	

Caregiver Demographics

Are you providing care to more than one person? (i.e. children, grandchildren, and/or other adults?) ☐ Yes ☐ No

If yes, give the ages of all the people you provide care to:

☐ 0-3 ☐ 4-17 ☐ 18-24 ☐ 25-39 ☐ 40-64 ☐ > 65 1

Care Recipient

Person in your Care

Enrolled w/ NVCC: ☐ Yes ☐ No

Name: **Age:** **Gender:** ☐ Female ☐ Male ☐ Other **Relationship to person in your care:**	Poverty(per the most current Federal Poverty Guidelines) At or Below Poverty ☐ Above Poverty ☐
Does he/she have a diagnosed dementia (i.e. Alzheimer's, dementia, Vascular dementia, etc.)? ☐ Yes ☐ No **Specify diagnosis:**	
If yes, what stage of dementia? ☐ *Early* ☐ *Mild/Middle* ☐ *Severe* ☐ *Unknown* *If no, are you concerned about dementia or a memory impairment?* ☐ *Yes* ☐ *No*	
Household Status: Lives alone ☐ **Lives with Others** ☐	
Ethnicity:	
Hispanic or Latino ☐ **Non-Hispanic or Latino** ☐	
Race:	
American Indian ☐	
Asian ☐	
Black or African American ☐	
Native Hawaiian or Pacific Islander ☐	
White ☐	
Other ☐	
Assistance/Supervision Needed (Check all that apply):	

☐ Bathing & Hygiene	☐ Dressing & Grooming	☐ Toileting/Bladder Care
☐ Eating or feeding	☐ Meal Preparation	☐ Transfers In/Out
☐ Standing or Walking	☐ Social/Recreation	☐ Give/Arrange Transportation
☐ Medication reminders	☐ Medical care (medication administration)	☐ Decisions/Advocacy
☐ Communication/Coordination	☐ Behavioral Support	☐ Light Housekeeping/Chores
☐ Manage Finances/Pay Bills	☐ Shopping	☐ General supervision

Request Details

Purpose of Request:	
Justification *(Why Funds Are Needed)**:***	
Amount Requested:	**Pay to the Order Of:**
Address for Payment:	
Memo on Check:	**Date Payment to be Made:**

Emergency Request can be submitted via email or regular mail. Send completed application to:

Nevada Aging and Disability Services Division
Attn: Yazmin Orozco
Email: Yorozco.contractor@adsd.nv.gov
Phone: 775-525-9406

Please NOTE: In subject line of email- LSR: ER- (Last Name of Caregiver) and please provide a brief summary of anything you think may be pertinent or important for Program coordinator to be aware of.