



The Elijah Rock Foundation Respite Care Subsidy Application Form

Name of Caregiver: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Name of Care Recipient: _____

Relationship to care recipient:

Age of recipient: _____

Do you reside within Ada or Canyon?

Yes

No

Are you the primary caregiver for a loved one with Dementia or cognitive impairment diagnosis?

Yes

No

How many hours per week do you provide care for the care recipient?

Less than 10 hours

10-20 hours

21-39 hours

40 or more

Do you provide care 24/7 (constant care)?

Yes

No

How long have you been providing care for your loved one?

Less than 6 months

6 months - 1 year

1-2 years

2-5 years

Over 5 years

Are you currently facing any of the following issues due to caregiving demands? (Check all that apply)

Physical health challenges

- Emotional stress or anxiety
- Mental health concerns (depression, burnout, etc.)

If yes, please describe briefly how caregiving has affected your health:

Do you have access to other forms of support (family, friends, community-based services)?

- Yes
- No

If no, please describe your current caregiving challenges due to lack of support:

What is your total annual household income?

- Less than \$25,000
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,000
- \$100,000-\$149,000
- \$150,000 or more

Have you previously received respite care subsidies from The Elijah Rock Foundation or any other organization?

- Yes
- No

If yes, when did you last receive respite care support?

- Less than 6 months ago
- 6 months - 1 year ago
- 1-2 years ago
- Over 2 years ago

Please briefly describe why you are seeking respite care at this time and how it will benefit you and the care recipient:

Do you have any additional documentation (medical, financial, etc.) that would support your application?

- Yes
- No

If yes, please attach relevant documents to this application.

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge.

Caregiver's Signature: _____

Date: _____