## APDA Minnesota Chapter Patient Grant Program

Funds will be distributed on a first come, first serve basis based on availability of funds. The grant program is available to anyone in need of financial assistance and is based on the honor system. Grants are reviewed and awarded on a quarterly process.

Our mission is, "Every day, we provide the support, education, and research that will help everyone impacted by Parkinson's Disease live life to the fullest." The Minnesota Chapter has implemented a set of grants to support people with PD and their families. You can apply for and receive monetary grants that help subsidize various expenses. Grants will be given in an amount of $500.00 per year, but may be less based on the need and availability of funds.

- **Exercise**: A program to reimburse costs associated with exercise programs and activities that focus on treatment to improve and maintain the health of a person with PD. This grant is for exercise related activities and classes such as, but not limited to: boxing for Parkinson's, dancing for Parkinson's, yoga, tai-chi classes.
- **Medication**: A program to help defray expenses not covered by other programs or health insurance.
- **Respite Care**: A program designed to help subsidize the cost of respite care. Respite Care enables care partners to take time away from their responsibilities to rejuvenate. A Respite Care grant will be limited to one grant per calendar year per family. The grant is not given to the be used for expenses for the care partner: the grants helps to cover the cost of respite care for the person with Parkinson's Disease.
- **Assistance at Home**: A program to help cover expenses for home services, such as housework, light yardwork, snow shoveling, and other tasks that may not be able to be done anymore by a person with PD or a care provider.
- **Transportation:** A program to reimburse costs associated with travel to and from doctor's appointments, support groups, and other events for people who are no longer driving due to the effect of Parkinson's disease/the medications used to treat Parkinson's disease.
- **Transportation Assessment Grant:** A grant that reimburses 50%, or not more than $200, of the fee paid for the driving assessment test of the person with Parkinson's disease.

**ELIGIBILITY:**
To qualify for a Support Grant, the applicant must:

- Be on the APDA Minnesota Chapter mailing list.
- Reside within Minnesota.
- Have a diagnosis of Parkinson's Disease or be caring for a family member at home with a diagnosis of Parkinson's disease.
- Complete and submit the entire Patient Grant Program Application.
- Not currently have a grant with another Parkinson's organization.

My signature below indicates that I have reviewed the guidelines and requirements for this program, and request financial assistance from the APDA Minnesota Chapter ("Chapter"). I agree to use the funds for respite or complementary care services as outlined above in the program description. I understand I am solely responsible for choosing the provider, and that the Chapter has no responsibility for the choice of provider. I

also understand the Chapter assumes no liability for claims arising out of any area by this program. I hereby waive any and all claims, damages, lawsuits, or other liability arising from the program

# APDA Minnesota Grant Program Application

**SUBMIT COMPLETED APPLICATIONS TO ANY OF THE FOLLOWING:**

**Email** **anushka.mohideen@allina.com**

Mail to: APDA MN c/o Abbott Northwestern Hospital 800 E. 28th St, MR 12209
Mpls, MN 55407
Fax To: 612-863-2758

**APPLICATION DATE ___________________** **DATE RECEIVED _______________**

**Grant Choice**
**____EXERCISE**
**____MEDICATION**
**____RESPITE CARE**
**____ASSISTANCE AT HOME**

**Have you applied before? _________**
**If yes, what date? _________**
**What was the money used for?_______________________________**
**_______________________________________________________**

**Name of Person with PD _________________________________________________________________**

**Caregiver Name _________________________ Relationship to Individual with PD___________________________**

**Address: Street ____________________________City ______________________________Zip ______________**

**Phone Number ________________________**

**Email ___________________**

**Please describe the reason for the request and how the money will be used. _________________________________**

_______________________________________________________________________________________________

_______________________________________________________________________________________________

**By signing below I acknowledge that I have reviewed the guidelines and requirements for this program, and that APDA MN is the only Parkinson's association from which I am applying for a grant and I currently do not have an existing grant with another Parkinson's organization in Minnesota.**

**Applicant's signature: _________________________________ Date: _______________**

***Please sign and date application before submitting. Please allow time for processing.***

## Provider/Physician:

**The above-named Participant is currently under my care and has a diagnosis of Parkinson Disease.**

**___________________________Provider/Physician Printed Name**

**___________________________Provider/Physician Signature Date _______**