

Alzheimer's Resource of Alaska

Comfort Pet Application Instructions

Comfort Pet Program: Alzheimer's Resource of Alaska is providing robotic comfort pets at no-cost to reduce social isolation for people living with Alzheimer's disease and related dementia. Robotic comfort pets offer the benefits of a pet without the additional responsibility and risks associated with a live animal. For more information about how comfort pets can help people living with dementia, please visit the Joy for All™ website www.joyforall.com.

Eligibility Criteria:

To be considered for the Comfort Pet program, applicants must:

1. Have dementia or suspected dementia
 2. Live in the community, outside of residential care, at the time of application.
- * If you reside in an assisted living or nursing home, please see note in box below.*

How to apply for your Comfort Pet:

1. Complete a Comfort Pet application (see page 2)
Applications can be submitted a variety of ways:
 - a. Applications can be completed online at <https://www.alzalaska.org/pets> or
 - b. by submitting to Kevin Silver via email at ksilver@alzalaska.org or
 - c. Fax (907) 561-3315 or
 - d. Mail to : Alzheimer's Resource of Alaska
C/O Kevin Silver
1750 Abbott Road
Anchorage, AK 99507

Application Tips:

1. A family member, friend, care coordinator, legal guardian, or power of attorney can sign the application on behalf of the person requesting a Comfort Pet.
2. There is a limited supply of Comfort Pets. Applications are considered based on the order they are received. You will be notified via email or phone to confirm eligibility, verify shipping information, and answer any questions you may have. Submit your application today!

***NOTE: Individuals living with ADRD who reside in assisted living or nursing homes and would like a Comfort Pet can apply for one through the [Mini-grant](#) program. Please contact [Kevin Silver](#) at 907-561-3313 at Alzheimer's Resource of Alaska for more information.**



Comfort Pet Application

Person Filling Out this Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Fax _____

Relationship to the applicant _____

How did you hear about this program?

Family/Friend TV/News/Radio
Professional Newsletter/Website

Physical Address of the Person to Receive the Comfort Pet

Address _____

City _____ State _____ Zip _____

Shipping Address

Address _____

City _____ State _____ Zip _____

What is your choice of pet?

Dog Cat

Person to Receive the Comfort Pet

Name _____

Type of Dementia Diagnosis:

Alzheimer's	Lewy body
Parkinson's	Huntington's
vascular	Creutzfeldt-Jakob
frontotemporal	dementia
suspected dementia	

Demographic Information

Alzheimer's Resource of Alaska gathers demographic information for our grant funded programs. Please provide the following about the above person:

Date of Birth _____

My gender is _____

Which of the following best describes you?

Please select one:

Asian or Pacific Islander	Black or African American
Hispanic or Latino	Native American or
White or Caucasian	Alaska Native
Not listed	Multiracial or Biracial

Please note that supplies are limited. If your choice is not available, would you like us to automatically send the other option? Yes No

I certify that the information submitted in this form is true and accurate to the best of my knowledge.

Signature of Person filling out application _____ Date _____