Alaska Mental Health Trust Authority Mini Grant Application

Welcome to the Trust's Mini Grant application.

Who Qualifies:
Anyone diagnosed with Alzheimer's disease or a related dementia including Parkinson's Dementia, Multi-Infarct Dementia (stroke-related), Pick's Disease, Lewy Body Dementia, Huntington's Disease or Creutzfeldt-Jakob Disease.

Funding Criteria:
Mini Grants funds may be requested for the following:

- Essential items which will directly improve the individual's quality of life and increase independent functioning.
- Medical, dental, vision, hearing, supplies, therapeutic devices, adaptive equipment, and accessibility improvements.
- No other funding source is available for the item or service requested. (Other funding includes personal assets, insurance, VA or other grants.) No existing bills.

Review Application Checklist:

- The beneficiary or the beneficiary's family member, care coordinator, legal guardian, power of attorney or another person may apply.
- **If applicable, the signature of legal guardian or power of attorney is needed.**
- All information on the form must be completed; incomplete applications will be returned.
- Attach a written estimate from vendor (store, provider or supplier) to be used. If applicable add shipping, handling and/or installation charges. ***Requests to reimburse goods or services that have already been purchased will not be funded.***
- Verify that person requesting grant has one of the qualified diagnoses listed above. **Please attach verification of ADRD diagnosis to application.** This can be from a physician, physician's assistant, advanced nurse practitioner or nurse. Please call if you have questions.
- Verify the physical address of person on application form.
- Please note the maximum Mini Grant request is $3,000; however an applicant may submit more than one application per year, as long as the combined applications do not exceed $3,000.
- **Mail or Fax application on or before 5pm on the 1st Tuesday of each month** to: Alzheimer's Resource Alaska 1750 Abbott Road, Anchorage, AK 99507 Fax (907) 561-3315

How the process works:
Submit a completed Mini Grant application with an estimate from the vendor to be used for the item or service requested. Application will not be processed until all information is completed. Completed applications are considered for funding based on level of need and date order. Once a grant is awarded we will notify the applicant and we will send a Purchase Order (PO) directly to the vendor. **Important Note: Do not pay for item or service out of pocket. Payment will be made directly from the Alzheimer's Resource of Alaska to the vendor for the items or services purchased for the Beneficiary.** A check for payment is sent to vendor after an invoice for completed item or service is received by the Alzheimer's Resource Alaska. Grant will not pay for an existing bill. For additional information visit our website www.AlzAlaska.org or call us at (907) 561-3313. Application can be email to ksilver@AlzAlaska.org.

These Mini Grants are funded by the Alaska Mental Health Trust Authority and administered by the Alzheimer's Resource Alaska.

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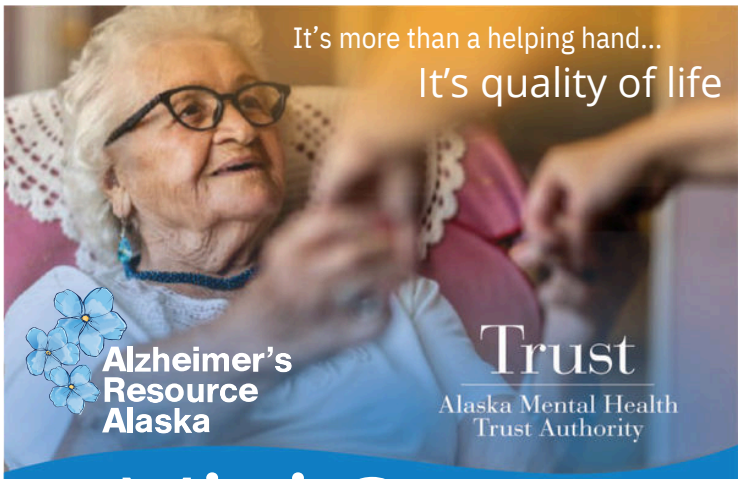

Mini Grants

What is a Mini Grant?

Mini Grants help improve the quality of life and independence for Alaskans living with Alzheimer's disease or related dementia (ADRD). Funding is available for services, equipment, and supports that improve quality of life.

Examples of What Can Be Funded

- Caregiver respite
- Dental services
- Accessibility improvements (like ramps or lifts)
- Eyeglasses
- Hearing aids
- Home repairs
- Adaptive or safety devices
- Medical or therapeutic equipment
- Alert safety systems
- Instruments or hobby supplies (guitars, art supplies, etc.)
- And more...

Apply Today
Applications and details:
www.AlzAlaska.org/mini-grant

Who Can Apply

Alaskans with a confirmed Alzheimer's disease or related dementia diagnosis

No income eligibility requirements anyone who meets criteria can apply.

Contact us!
connect@alzalaska.org
907-561-3313

Alzheimer's Resource Alaska

Alaskans serving Alaskans since 1984

Our Mission

Support Alaskans affected by Alzheimer's disease, related dementias and other disabilities to ensure quality of life.

What We Do

- **Free Memory Screenings** – quick, confidential screenings available statewide.
- **Care Coordination** (Medicaid Waiver eligible) – Anchorage and Mat-su one-on-one support, care planning, and ongoing coordination.
- **Care Navigation** – guidance through services, benefits, and dementia-related resources.
- **Support Groups** – in-person and online groups for caregivers and people living with memory loss.
- **Education & Classes** – dementia caregiving classes and programs (virtual and in-person).
- **Professional Training & Resources** – specialized dementia training, toolkits, and education for healthcare and community professionals.
- **Statewide Outreach & Presentations** – community education on dementia, brain health, and ARA resources.

Not sure where to start?
Reach out to us at 907-561-3313 or connect@alzalaska.org to talk to a Resource Specialist to get answers, info, and help finding next steps.

Want more information?
Visit our website!

AlzAlaska.org
907-561-3313
connect@alzalaska.org

Trust
Alaska Mental Health Trust Authority

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Alzheimer's Resource Alaska

Alaska Mental Health Trust Authority
Alzheimer's Disease & Related Dementias Mini Grants Application

Please complete all information. Attach a copy of diagnosis and written estimate for the items or services needed.

A **Applicant and Beneficiary Details**

Person Filling Out This Application:

Name

Email

Phone

Relation to Beneficiary

How did you hear about this program?

Check all that apply:

- ☐ Alzheimer's Resource Alaska
- ☐ Online/news/ media
- ☐ Professional/provider
- ☐ Other_____

Vendor Information

Name of Store or Supplier

Address

Phone

Contact Person

Contact Email

Beneficiary Information

Name

Address

City, State **Zip**

DOB **Age**

Veteran Y ☐ N ☐ **Gender** M ☐ F ☐

Ethnic Background:

- ☐ Native Alaskan/Native American
- ☐ Asian/Pacific Islander
- ☐ Caucasian (Non-Hispanic)
- ☐ Hispanic
- ☐ Black

Other:

Beneficiary Coverage

Medicaid	Y ☐	N ☐	Personal Assets	Y ☐	N ☐
Medicare	Y ☐	N ☐	Other Grants	Y ☐	N ☐
Medicaid Waiver	Y ☐	N ☐	Other Insurance:		
VA	Y ☐	N ☐			

B **What are you requesting?**

Amount Requested **(Maximum $3,000)**

Please provide a brief narrative describing what you are requesting with this grant. This information will be used by the review committee to understand what the grant funds would be used for. Reminder: The items or services being requested through this grant could not be purchased with another funding source such as Medicaid, private insurance, or any other grant program.

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C How will the item or service benefit the beneficiary?

Please provide a brief description of the impacts of the requested item(s) or service(s) for the beneficiary.

D Other Information

This is an optional field. Please provide any additional information about this request.

E Submit documentation for this request:

To process your Mini Grant request, you must provide the following required documentation:

1. Verification of Diagnosis
Documentation from a healthcare provider confirming the applicant's diagnosis of Alzheimer's disease or a related dementia.

2. Cost Estimate or Vendor Quote
Documentation showing the cost of the item(s) or service(s) being requested.
This may be a formal vendor quote, estimate, invoice, or a simple screenshot from a retailer such as Amazon.
The estimate must include all associated costs, including shipping, delivery, installation, or other applicable fees.

Supporting documentation may be uploaded with this application or submitted separately by email or mail. If sending documents separately, please include the applicant's name so they can be matched to the application.

F Signature

This Mini Grant Application must be signed in order to be processed. Please Review Application Checklist on other side.

I certify that the information submitted in this form is true and accurate to the best of my knowledge. It is my understanding that the items or services for which I've requested this Mini Grant are not covered by any other funding source.

Signature of person filling out application _____ Date _____

Signature of Person to receive grant/legal guardian/Power of Att. _____ Date _____