



2685 North Mount Juliet Road ♦ Mt. Juliet, TN 37122
Phone (615) 269-8687 ♦ Fax (615) 469-7791
www.TNRespite.org

Tennessee Respite Coalition Mini Grant Application

The Tennessee Respite Coalition's Mini Grant program is designed to provide family caregivers with the opportunity to access funding to take care of their health and wellness by purchasing "breaks" of their choosing. Caregivers may use the grants to purchase items, equipment, or subscriptions that can help enhance their quality of life and have a break from caregiving. Examples include: magazine or movie channel subscriptions, experiences, board games, tablets for accessing online support, home exercise equipment, items for crafts and hobbies, etc. Applicants are encouraged to be creative with what would give them the most effective break and tailor their requests accordingly.

Applications will be accepted on a rolling basis. Mini Grant funding is available until funding is exhausted or extended. Each application will be considered on a case-by-case basis. Funding amounts may vary but are limited to \$500 per caregiver. Applications will be processed within 30 calendar days if all applications materials are included and complete. **Only complete applications will be considered and must be accompanied by proof of diagnosis.**

If awarded funding, caregivers may either provide the Tennessee Respite Coalition with an internet link for the item(s) to be purchased and the Tennessee Respite Coalition will place the order for them, or the caregiver may make the purchase and submit the receipt to the Tennessee Respite Coalition for reimbursement.

Caregiver Information:

Caregiver's Name:	Caregiver's Date of Birth and Age:
Caregiver's Address:	Caregiver's Phone Number:
Caregiver's Email Address:	
Caregiver's Race/Ethnicity:	Caregiver's Gender:

Care Recipient Information:

Care Recipient's Name:	Care Recipient's Date of Birth and Age:
Care Recipient's Address:	Care Recipient's Phone Number:
Care Recipient's Race/Ethnicity:	Care Recipient's Gender:
Care Recipient's Diagnosis:	

Provide a brief description of the family caregiving situation:

Item(s) to be Purchased	Price	Web Link

Explain how the requested item(s) will provide you with relief from your caregiving duties and how it will impact your ability to continue to care for your loved one:

I declare this information is true to the best of my knowledge. My family resides in the state of Tennessee. I am caring for a loved one with a disability who is living in my home. I hereby release and waive any and all liability from the Tennessee Respite Coalition for services, supports, equipment, and other items fully or partially funded through the Tennessee Respite Coalition Mini Grant Program.

Signature of Applicant (Caregiver)

Date

Printed Name of Applicant (Caregiver)

This form and proof of diagnosis must be mailed to:

The Tennessee Respite Coalition
Attention: Mini Grant Application
2685 North Mount Juliet Road
Mount Juliet, TN 37122

Questions may be directed to:

Sara Lyons, Program Assistant
615-269-8687
assistant@tnrespite.org

For Office Use Only:

Date Received/Postmark Date: _____

Authorization Signature: _____

Authorization Date: _____

Approved Partial Approval Denied

Total Amount Funded: _____

Explanation: _____

Date Caregiver Notified: _____

Notifying Staff Member: _____

Notification Method: _____

Date Item Purchased or Reimbursed: _____

***Be sure to attach receipt ***