



**FOR MORE INFORMATION:**  
**WEBSITE:**  
www.disentangleAD.com  
**PHONE:** (601)-268-5620  
**EMAIL:** info@disentangleAD.com

## Grant Application Form

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1. Applicant name (person completing the form): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (if available): \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

2. Person living with dementia/Alzheimer's disease: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date Diagnosed with Alzheimer's disease: \_\_\_\_\_

Has this person been enrolled in Medicare GUIDE program in past 12 months? YES NO

If yes, please provide start and end dates of services: \_\_\_\_\_

3. Physician/Healthcare provider treating Alzheimer's: \_\_\_\_\_

**Please include any documentation of Alzheimer's disease diagnosis from the list below:**

- A letter from a treating medical provider
- Recent cognitive test results (such as MMSE or MoCA scores)
- Biomarker status (blood, PET, or CSF)
- Documentation of amyloid-targeting infusion therapies

4. What the funds will be used for and the time frame within which funds will be needed

(please circle one): Sitter/Respite Safety Other

Describe: \_\_\_\_\_

5. Estimated cost of project or service request (max funding \$1,500): \_\_\_\_\_

6. How will this grant help you? \_\_\_\_\_

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUBMIT YOUR APPLICATION BY:**

**OR MAIL:** disentangleAD  
c/o HC Memory Center  
415 South 28<sup>th</sup> Ave.  
Hattiesburg, MS 39401

**EMAIL:** info@disentangleAD.com

*Grants will be given up to a value of \$1,500 due to fund availability. Services must be received from licensed and insured organization. We cannot pay individuals. Applicant hereby fully and voluntarily releases the attached personal health information (PHI) to disentangleAD for the purpose of discerning the validity of the submitted grant application. disentangleAD is a fund at the Pinebelt Foundation.*

**For Office Use Only:** Amount Approved: \$ \_\_\_\_\_ Approved by Committee: Y or N Date: \_\_\_\_\_

Notes: