



ATTENTION FAMILY CAREGIVERS: DO YOU NEED A BREAK?

- ◆ Are you caring for a loved one with Dementia or Dementia Related Disease?
- ◆ Need temporary relief from your caregiving duties?
- ◆ Care recipient is NOT eligible if he/she is already receiving State services

~ Call the **Area Agency on Aging of the Coastal Bend** ~
and ask about our **NEW**

(*) **“RESPITE VOUCHER PROGRAM”**

This *‘no cost to you’* program allows you to choose from one of the following services:

- ◆ In-Home Services
- ◆ Nursing Home Stay (up to 3 days) or Adult Day Care
- ◆ Services to (temporarily) comfort your needs and give you “peace-of-mind”
- ◆ Family Caregiver chooses ‘in-home attendant’ or ‘facility’

Call us now to learn more about this program!

Office: (361) 883-3935

Toll Free: 1-800-817-5743

PLEASE PRINT CLEARLY & LEGIBLY

Fax completed form to (361) 883-5749 or email to pat@cbcoaaa.org

Mr. / Mrs. / Ms. _____
(circle one) Family Caregiver Name

Preferred Method of Contact

(Area Code) Contact Phone #

(Area Code) Alternate Phone #

Email Address

Message/Comment: _____