



2700 Horizon Drive, Suite 120  
King of Prussia, PA 19406  
267.514.7221  
info@theaftd.org  
[www.theaftd.org](http://www.theaftd.org)

Dear Friend,

Thank you for your interest in AFTD's Comstock Quality of Life Grant. We are excited to offer this unique resource to people with an FTD disorder. The purpose of the Quality of Life Grants is to help persons with FTD to access needed services or support that they could not otherwise afford.

The changes that come with FTD make it harder to have a job, drive, do everyday tasks and enjoy time with friends and family. Paying for the resources you need to do your best can be difficult. AFTD's Comstock Quality of Life Grants are intended to help persons with FTD defray the cost of goods or services that will improve their lives today. We offer some examples of how the grant may be used, but you decide what will help most based on your individual situation and needs. Care partners may help use the Quality of Life funds, as needed, **but only on goods or services to benefit the person with FTD.**

Persons with FTD may apply for one Comstock Quality of Life grant per AFTD fiscal year (July 1st – June 30th). Individuals applying for their 1st, 5th, and 10th grant will be asked to submit records showing that the person with FTD is receiving on-going medical care or services. Once approved, you arrange the services or purchase the goods you need and submit a request to AFTD for reimbursement up to the grant amount of \$500. You can submit a reimbursement request by mail or email or use our online reimbursement form. AFTD reserves the right to ask for receipts or other documentation as needed from grantees who use the online reimbursement form. If reimbursement poses as a financial hardship, please reach out to the HelpLine or [ComstockGrants@theaftd.org](mailto:ComstockGrants@theaftd.org).

After the grant money is used we will ask for your feedback to help us keep offering the grant to more people in the future. The Comstock Grant program is just one way that AFTD can assist you and your family to live as well as possible with FTD. Working together we will improve care and services for people with frontotemporal degeneration and their families, and drive research until there is a cure.

Sincerely,

*Stephanie Quigley*

Stephanie Quigley, MSW, LSW, CDP  
HelpLine Manager  
phone: 484-672-5686  
email: [ComstockGrants@theaftd.org](mailto:ComstockGrants@theaftd.org)

# COMSTOCK QUALITY OF LIFE GRANT GUIDELINES

## GOALS

- To purchase a product or service to improve the quality of life of persons diagnosed with FTD
- Provide equipment, services, or supplies that could not otherwise be attained (daily or special).
- Supplement other sources of income, entitlement benefits and insurance for things otherwise not available.

## EXAMPLES OF GRANT USES:

- Communication tools (Smart phone, iPad, writing board, computer software, apps, etc.)
- Transportation including unreimbursed travel to participate in FTD research (taxi, accessible van, etc.)
- Companion care
- Insurance co-pays, medication costs, or therapies (occupational, physical, speech, or counseling services)
- Home adaptations
- Gym membership or exercise class
- Grooming and cosmetics (Haircuts, manicure/pedicure etc..)

## ELIGIBILITY REQUIREMENTS

- Applicants must be diagnosed with an FTD disorder including behavioral variant , primary progressive aphasia, corticobasal syndrome, progressive supranuclear palsy, FTD/ALS.
- Must be a resident of US.
- Provide copies of diagnostic report(s) showing how the diagnosis of FTD was made. ***The confidentiality of all personal information is protected. Medical records are destroyed after the initial grant is approved.***
- For every fifth respite grant, submission of additional/current medical records from current physician

## STIPULATIONS

- Applicant is responsible for all arrangements related to researching and securing the equipment, supplies or services of their choice.
- AFTD will reimburse grantee for up to \$500 for expenses incurred **AFTER** the date a grant is approved
- Any expense above the \$500 grant is the full responsibility of the applicant.
- All applicants must list a secondary contact that can assist the applicant with the application and/or use of the grant as needed.
- AFTD reserves the right to contact the secondary contact at any time in relation to the grant. Any blatant misuse of the grant funds awarded through the card, including use of the funds for the sole benefit of the primary care partner, will disqualify applicant from consideration for future Comstock Quality of Life grants.

## GRANT RECIPIENTS ARE ASKED TO:

- Contact AFTD if assistance is needed with reimbursement process.
- Respond to AFTD requests for information about the grant program to help refine it for future applicants.
- If reimbursement poses as a financial hardship, please reach out to the HelpLine or ComstockGrants@theaftd.org.

## For questions or assistance in completing this application, please contact:

Stephanie Quigley, MSW, LSW, CDP  
HelpLine Manager  
phone: 484-672-5686  
email: ComstockGrants@theaftd.org

**Keep this page for your records.**

# COMSTOCK QUALITY OF LIFE GRANT APPLICATION

Fill out and return this page with documentation of FTD diagnosis:

**via mail:**  
AFTD  
2700 Horizon Drive, Suite 120  
King of Prussia, PA 19406

**via email:**  
comstockgrants@theaftd.org

## APPLICANT INFORMATION (PERSON DIAGNOSED)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Is this a mobile number?  Yes  No

Email: \_\_\_\_\_

Current living situation:

- At home with family     Alone in own home or apartment  
 With friends or someone else     In a group home, assisted living or nursing facility

Have you been diagnosed with an FTD disorder?  Yes (Date: \_\_\_\_\_)  No

Subtype (if known):  bvFTD  PPA  CBD  PSP  FTD/ALS

Have you or your primary care partner ever received a Comstock Travel or Care partner Respite Grant from AFTD?  Yes (Year: \_\_\_\_\_)  No

How did you learn about the Comstock Quality of Life Grant? (Select all that apply)

- AFTD website     FTD support group     Friend or relative  
 AFTD staff     Other healthcare or community service provider

How do you anticipate using the Quality of Life Grant?

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## Tell Us More About You and How We Can Help You

Please consider sharing this information, which can help AFTD to evaluate and expand the reach of our services.

Is the person living with FTD a U.S. veteran?

Yes     No     I prefer not to disclose veteran status     I don't know

Ethnicity – How does the person living with FTD publicly self-identify?

Hispanic/Latino/Latina/Latinx     Non-Hispanic/Latino/Latina/Latinx  
 Multi Ethnic     Unknown     Decline to Say

Race – How does the person living with FTD publicly self-identify?

Asian American/Pacific Islanders/Asian     Black/African American/African  
 Native American/American Indian/Indigenous     White/Caucasian/European  
 Multi Racial     Unknown     Decline to state

Gender Identity – How does the person living with FTD publicly self-identify?

Female     Male     Non Binary     Decline to state     Other

## SECONDARY CONTACT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to the person diagnosed:

Spouse or partner     Adult child     Family (please specify) \_\_\_\_\_  
 Friend     Representative of an agency or organization

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## REQUIRED SIGNATURE

Who completed this application?     Person diagnosed with FTD     Other

I understand the above information to be correct as of \_\_\_\_\_.  
[Today's Date]

Signature of Applicant: \_\_\_\_\_

**AFTD is a non-profit, 501(c)(3), charitable organization. A copy of AFTD's official registration and financial information may be obtained from the PA Department of State by calling toll free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.**