



In Support of the Fight
Against Alzheimer's

a program of
THE COMMUNITY'S
FOUNDATION

Share A Story

WHAT IS THE TCF PLAY FOR THE A'S FUND?

Play for the A's benefits patients and families, especially caregivers, dealing with the overwhelming effects of Alzheimer's disease. Play for the A's is a program of The Community's Foundation (TCF).

WHY WAS THE PLAY FOR THE A'S FUND FORMED?

The common mission of every community foundation is to enhance the quality of life in the local area. TCF does this with the help of community leaders like Jef Hewlings, who started the Play for the A's fund to honor the memory of his parents. Jef knows that caring for a loved one with Alzheimer's can be physically and emotionally draining, so his primary goal for the Play for the A's fund is to give the "Gift of Time" to Alzheimer's caregivers.

WHO MAY BE ELIGIBLE FOR PLAY FOR THE A'S FUNDING?

It is our vision to provide funding to those who fall within the following guidelines:

- Alzheimer's and dementia patients and their caregivers.
- Caregiver must be a resident of Delaware County.

The **Share A Story** process will be used by the TCF/Play For the A's community advisors to assess if the patient/caregiver will be selected. Support and funding is determined on a case-by-case basis and is intended to provide a break from caregiving for several hours (to see a movie, visit a friend, dine out, etc.), in keeping with the TCF "just that little extra" philosophy. Anyone can Share a Story – the caregiver, a medical provider, a friend, or a family member. *(Names will be kept confidential by TCF. We will only share information if we have permission from the caregiver receiving the Play for the A's support, and will not disclose a patient's name in any case.)*

As you can well imagine, the level of requests to support patients/caregivers dealing with Alzheimer's or Dementia exceeds our available resources. TCF/Play for the A's makes every effort to be creatively responsive, subject of course, to our own fiscal constraints.

Please use additional sheets or attachments if appropriate.

Share A Story
“TCF PLAY FOR THE A’S FUND”

Name(s) of Proposed Recipient(s)/Caregiver(s): _____
Contact Person (if different than above) _____
Referral Source: _____
Address: _____
City: _____ State _____ Zip Code _____
Phone Number: _____ Alternate Phone: _____
E-Mail Address : _____
What is the best time to contact you? Day of the Week? _____ Time? _____
Tell us about the caregiving responsibilities?
What would the caregiver like to do with a 3-5 hour break?

Deliver, Mail or E-mail to:
The Community’s Foundation
900 W. Sproul Road, Suite 101
Springfield, PA 19064
610-461-6571
info@TCFhelps.org

Signature

Date