



APPLICATION FOR PARTICIPATION IN GRANT PROGRAM

Bring the world-renowned Virtual Dementia Tour® (VDT®) to your nursing home through a grant provided by CMS!

Second Wind Dreams® has been awarded a grant to bring the Virtual Dementia Tour to 125 skilled nursing homes across Kentucky over a two-year period, beginning in February of 2020. The Virtual Dementia Tour Comprehensive Education Program is funded by Civil Money Penalty (CMP) funds through the Kentucky Office of Inspector General and the Centers for Medicare and Medicaid Services (CMS). **Participation in this grant is voluntary and is at no cost to nursing homes.** Only skilled nursing homes are eligible to take part in the grant. Applications are selected on a first-come, first-serve basis.

I. CONTACT INFORMATION (PRINT)

Your Name and Title _____

Nursing Home Name _____

Contact Email _____ Nursing Home Phone # _____

Nursing Home Address _____

County _____

II. REQUIREMENTS FOR PARTICIPATION (PLEASE READ AND INITIAL)

Your nursing home will be required to assign 3 primary contact persons to work with a Second Wind Dreams Scheduling Coordinator for the duration of the grant project. Two key staff members will be trained as Nursing Home Facilitators and one clinical staff member will be responsible for the implementation of the Dementia Aware Competency Evaluation® (DACE®).

Facilitators responsibilities will include the following:

1. _____ Spend two days in training with a Virtual Dementia Tour® (VDT®) Certified Trainer at your nursing home. Advanced preparation and staff participation are expectations for this program.
(You may choose to do part of this training online. If you wish to take advantage of the online option, you will complete 5 online training modules and attend 2 online meetings with a Certified Trainer. Two in-person 1-day site visits will then be scheduled.)
2. _____ Assign staff to help with implementation of the VDT (minimum of 4). We strongly encourage Facilitators to invite volunteers and/or family members of residents to help facilitate the Tour.
3. _____ Oversee the completion of all required pre- and post-training assessments and submit, on time, throughout the duration of the project.
4. _____ Secure the use of 3 training areas in the nursing home. Two small areas and one private room will be needed for the tour. One quiet meeting area that will accommodate 15-20 people will be needed for group debrief sessions. Attendance at debrief is important for understanding the experience. CEUs and in-service credit available to only those who attend the tour and debrief.

DACE contact responsibilities will include the following:

____ Conduct caregiver evaluations and submit to Second Wind Dreams:

1. before the initial site visit,
2. immediately following the initial site visit,
3. and a final evaluation following site visit #2.

____ **BONUS:** Nursing homes completing all program requirements (2 successful site visits and 3 DACE) will be eligible to receive additional webinar training on the Community Edition in order to host community events at their site for families, business leaders, and community organizations who wish to experience the VDT and to learn about dementia.

Please complete the following:

III. NURSING HOME INFORMATION:

Federal Provider Number (starts 185-) _____ Number of Staff _____ Certified Bed Capacity _____

Administrator Name _____

Administrator Phone/Email _____

IV: DESIGNATED FACILITATORS AND DACE CONTACT (PLEASE PROVIDE THE NAMES AND CONTACT INFORMATION FOR THE 3 DESGINATED STAFF PERSONS FOR THE PROJECT):

1. Facilitator #1 Name _____ email _____
2. Facilitator #2 Name _____ email _____
3. DACE Name _____ email _____

V. SIGNATURE

By Signing below, your nursing home agrees to participate in the CMS grant-funded, Virtual Dementia Tour® Comprehensive Education Program, including adherence to program procedures, processes, and timelines, as directed by Second Wind Dreams, Inc.

Administrator Signature _____ Date _____

**Please submit this application to Second Wind Dreams via email to grants@secondwind.org
Or mail to Second Wind Dreams, 10892 Crabapple Rd., Ste.200, Roswell, GA 30075
Or fax to 855-666-1297**

If you have questions about the grant project or would like additional information,
please contact us at 678-624-0500 or Grants@secondwind.org

Thank you for your participation!