

MEYHM Family Foundation

Caregiver Program Application Form

(Please complete all sections. Incomplete applications may not be reviewed.)

Section 1: Personal Information

Caregiver

Legal Name:

Home Phone:

Mobile Phone:

Email:

Healthcare Background (if any):

Care Recipient

Legal Name: Care Recipient:

Current Address (Street, Apt, City, State, Zip):

Years at Current Address:

Previous Address (if under 3 years at current address):

Residency/Citizenship Status (Check one): ☐ US Citizen ☐ Permanent Resident ☐

SIV Holder ☐ Refugee/Asylee ☐ TPS ☐ Other:

Do you support any dependents? ☐ Yes ☐ No If yes, how many?

Do you live with a parent/guardian? ☐ Yes ☐ No

Current Employer (if any) (name, address, position, start date):

Section 2: Diagnosis of Care Recipient

Condition(s):

Date of Diagnosis:

Deficit(s)/Physical Status:

Treatment Plan (if any):

Are you currently seeing a doctor? ☐ Yes ☐ No

Section 3: Personal Statement & Financial Need

Please provide a short paragraph including caregiver and care recipient background, and how the MEYHM Family Foundation Caregiver Program will be of benefit. Include any special circumstances you would like the Foundation to consider.

Section 4: Certification

By signing below, I certify that the information provided is true and complete to the best of my knowledge.

☐ I authorize MEYHM Family Foundation to verify any of the information in this application.

Caregiver Signature: _____ Date: _____

Care Recipient Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____