

## KATHI'S CAREGIVERS APPLICATION

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### Eligibility Requirements

1. Candidate must be a full or part-time family caregiver.
2. Income of candidate must not be more than \$28,000 per year without children or \$34,000 with minor dependent children.
3. Applicant must be physically and mentally able to care for his or her personal and financial needs. Applicant must plan for emergency and other care for his or her patient and property in case of accident, illness or death.
4. Applicant must complete application for assistance.
5. We request a picture of the caregiver and patient, but this is not absolutely required.

### General Information for KKF Assistance

1. Assistance ranges from \$500.00 to \$1,500.00 per recipient.
2. Assistance cannot be awarded directly to an individual but must be directed to services or items used or needed to help the recipient (ex: utility bill, wheel chair)

### Copies of the following documents are **required**:

1. Completed application (below).
2. 1-2 reference(s) (including one medical reference such as a doctor or nurse.)
3. We request a picture of the caregiver and patient, but this is not absolutely required.

**PLEASE BE SURE THAT ALL REQUIRED DOCUMENTS ARE INCLUDED WITH YOUR APPLICATION AND EMAIL TO [colleen@kathikollfoundation.org](mailto:colleen@kathikollfoundation.org).**

# THE Kathi Koll FOUNDATION

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### Information

Caregiver Name: \_\_\_\_\_

Patient Name: \_\_\_\_\_

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

Telephone \_\_\_\_\_ Alternate Number \_\_\_\_\_

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

Caregiver Date of Birth \_\_\_\_\_

Patient Date of Birth \_\_\_\_\_

Length of time serving as a family caregiver \_\_\_\_\_

### Income Sources:

_____	Employment	
_____	Social Security	
_____	Service Connected Disability	
_____	Pension	
_____	Child Support	
_____	Other Income	_____ Source
_____	Other Income	_____ Source

My total gross income is \$ \_\_\_\_\_

My total assets, not including one automobile, are approximately \$ \_\_\_\_\_

Monthly expenses: (Utilities, telephone, cable, rent, food, insurance, medication, etc.)

a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____
d.	_____	\$ _____
e.	_____	\$ _____
f.	_____	\$ _____

I heard about the Kathi Koll Foundation or was referred by: \_\_\_\_\_



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Please answer the following questions,

1. Why are you applying for assistance?
2. Are you a full or part-time caregiver? Who are you caregiving for?
3. Are you employed full or part-time? If so, please tell us what you do and describe any current challenges.
4. How long have you been a caregiver? Please describe the events that led you to becoming a caregiver and the current challenges you are experiencing.
5. As mentioned above the Foundation cannot provide gifts directly to individuals. Given this, Please tell us what type of support would relieve the greatest burden and be the most Meaningful to you?



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I \_\_\_\_\_ understand that my application will not be considered complete until all verification documents on page 1 are submitted. I understand that once my application is submitted, I will be contacted by a Program Representative for an interview and that the process can take up to 30-60 days.

I understand that failure to provide accurate information or a material misstatement in this APPLICATION will be enough reason to deny financial assistance from the KKF.

I grant the Kathi Koll Foundation the unrestricted right and permission (but not the obligation) to reproduce, exhibit, publish, broadcast, and otherwise exploit any photographs or pictures I provide (the "Photos"), in whole or in any manner, on the KKF Foundation website, on social media, and through any other markets and media, without compensation to me or any other person. I confirm that I have the right to grant that permission, including the consent and agreement of the photographer and any other person in the Photos.

I declare under penalty of perjury that the foregoing is true and correct and that I have executed this APPLICATION on \_\_\_\_\_ 20 \_\_\_\_.

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Signature of Applicant

**PLEASE EMAIL THIS COMPLETED FORM AND ACCOMPANYING DOCUMENTS TO:**  
[colleen@kathikollfoundation.org](mailto:colleen@kathikollfoundation.org)