



KATHI'S CAREGIVERS APPLICATION

Eligibility Requirements

1. Candidate must be a full or part-time family caregiver.
2. Income of candidates must not be more than \$50,000 per year for singles/couples and \$70,000 a year for families.
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.



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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:

Amount \$

_____	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____.

Signature of Applicant

PLEASE EMAIL THIS COMPLETED FORM AND ACCOMPANYING DOCUMENTS TO:
colleen@kathikollfoundation.org

HIPPA Compliance Waiver

Under the HIPAA privacy regulations, individuals have a number of rights relating to their personal health information (PHI) used or maintained by an employee or business associate within our company.

Although as a non-profit we are not subject to all of the HIPAA privacy and security regulations; we are subject to some of the privacy rules relating to the PHI of our charity caregiver recipients that received our volunteer services.

Unless permitted in writing by the recipient, the recipients' PHI, including personal information such as diagnosis, nature of services, treatment, and provider records cannot be released to the outside general public or even to the recipient unless there is a signed consent by the recipient. However, we may use general statistical data on all of our recipients such as some patient demographic data, health insurance status, dates of patient services, general type of department in which a patient is serviced, treating physician information, and outcome information for the purpose of fundraising and marketing events. Any data sent electronically about our recipients is also safeguarded by the company, and this information is limited to employees and management that have received HIPAA training. If a breach of information occurs we will notify the recipient by phone and in writing and immediately move to correct the breach. There are a few exceptions mandated by the government under the following HPAA rules:

1. PHI may be used or disclosed for the treatment, payment and health care operations of any healthcare provider having a relationship with the recipient. We may also share information as it directly relates to being able to provide financial support for your situation (ex: sharing your spouse's condition with the home health aide company for whom we would pay to provide help to your spouse). With the consent of the recipient, the company may use and release PHI such as their name, general condition, religious affiliation, and location of the provider's facility to those individual entities involved in the recipient's care and with the recipient's permission for the purposes of notifying family members and others, regarding an individual's location condition or death. An example would be a pharmacist dispensing a filled prescription to a person acting on behalf of the patient.

2. PHI may be disclosed when the recipient is incapacitated or in an emergency situation when the disclosure is in the best interest of the recipient.

I have read and understand this document and agree with how my PHI may be disclosed by The Kathi Koll Foundation:

Recipient's name: _____
(PLEASE PRINT)

Signature: _____ Date: _____