Agnes McCarthy Caregiver Foundation AMCF
2205 Worthington Avenue, Lincoln, NE 68502
Applications, mail to P.O. Box 744, Green Brook, NJ 08812
844-760-2623 (AMCF)
www.AgnesMCF.org

Date: _____

Caregiver Information

- **First and Last Name:** _____
- **Email:** _____
- **Mailing Address:** _____
- **Phone Number:** _____

Information About the Person You Care For

- **Full Name:** _____
- **Their Age and Relationship to you:** _____

Has your loved one been diagnosed with any of the following mental health conditions? (Check all that apply)

☐ Depression Disorder(s)
☐ Anxiety Disorder(s)
☐ Obsessive-Compulsive Disorder (OCD)
☐ Attention-Deficit/Hyperactivity Disorder (ADD/ADHD)
☐ Post-Traumatic Stress Disorder (PTSD)
☐ Eating Disorder(s)
☐ Bipolar Disorder
☐ Schizophrenia / Schizoaffective Disorder
☐ Borderline Personality Disorder (BPD)/Other Personality Disorders)

☐ Other: _____

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Explain in detail your need for support

(Examples: assistance with living expenses, medication, doctors, respite, transportation, self-care)

Explain your lack of financial resources

(Examples: your income solely supports your loved one, job loss, no insurance, unexpected emergency expenses)

Referral Information

- **Name and phone number of individual who referred you to AMCF (include organization if applicable):** _____

Have you or anyone in your family ever received an AMCF caregiver grant?

☐ Yes ☐ No

Demographic Information (for grant reporting purposes only)

- Race: _____
- Gender Identity: _____
- Language spoken in the home: _____

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Household Information

- Number of people in your household: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

- Total household income (include all employed and/or receiving SSI, pensions, etc): ☐ under $30,000 ☐ $30,000 – $90,000 ☐ over $90,000

Permission to Share Your Caregiving Story

(Stories help inspire and support others; sharing is optional)

☐ Yes, I am willing to share my caregiving story

☐ No, I prefer not to share at this time

Identification

Please attach a copy of your identification (driver's license, state ID, student ID, etc.)

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