



### **CONFIDENTIAL CLIENT APPLICATION**

*You may elect not to include HIPAA-protected or other sensitive or confidential information in this application.*

**PERSONAL & HOUSEHOLD INFORMATION**

Date Completed: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

*To assist our Foundation in funding opportunities, we are collecting the data below to better understand the populations who need our support. AMFCF does NOT discriminate on the basis of race, religion, language, or gender and the information gathered will NOT affect your eligibility for our program.*

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Primary Language Spoken in Your Home: \_\_\_\_\_

If the primary language is NOT English, does anyone in your family speak English fluently? YES  NO

Are you a U.S. citizen or have permanent legal residency in the United States? YES  NO

Please list everyone who lives in your home:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**FINANCIAL INFORMATION**

For the following table, please list ALL adults living in the home:

Name	Monthly Income (before Tax Deductions)	Welfare, Child Support, Alimony (per month)	Pensions, Retirement, Social Security (per month)	Any Other Monthly Income	Check if NO income
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
<b>Total:</b>	\$	\$	\$	\$	

**HOW CAN WE HELP?**

Which resources are you interested in receiving assistance with? (Check all that apply)

- Financial Assistance with Medical Bills*
- Financial Assistance for Funeral and Burial Expenses*
- One-Time Financial Assistance with Monthly Household Bills (i.e. rent, utilities, childcare)*
- Mental Health Therapy*
- Opening and/or Financially Contributing to a College Savings Account*
- Legal Assistance (i.e. creating a will, establishing legal guardianship, trust)*
- Meeting with a Financial Advisor*
- Monthly Grocery Gift Card*
- Extracurricular Youth Activities (i.e. sports, camps, swim lessons)*

Briefly, please tell us your family's story & your most immediate needs:

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***Please include verification of the primary caregiver’s terminal cancer with this application. Some examples include photo of a death certificate, medical bill, after-visit summary, or doctor’s note.***

*Please email completed application to [info@amfcf.net](mailto:info@amfcf.net) OR print and mail completed application to:*

Adam McCauley Family Cancer Foundation  
12012 Wickchester Lane  
Suite 470  
Houston, Texas 77079

*Applications are diligently reviewed and awarded by the Foundation’s Board through a competitive process determined on needs and application responses. The number of applicants selected each year are based on the available funding from our generous donors.*