



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: _____

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 effect 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: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

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
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
	\$	\$	\$	\$	
Total:	\$	\$	\$	\$	

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 Expenses*
- Financial Assistance with Monthly Household Bills (i.e. mortgage, 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*
- Setting Up Meal Deliveries*

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

Are you willing to provide verification of the primary caregiver's terminal cancer? YES NO

Please email completed application to info@amfcf.net OR print and mail completed application to:

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

Applicants are diligently reviewed and awarded by the Foundation's Board through an extremely 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.