



**AUTUMN HOUSE FOUNDATION**  
*Assistance Application Form*

**MISSION of The Autumn House Foundation:**

- "Respite" to the primary caregiver of those with memory loss.
- Travel and lodging expenses to a family member to be with their loved one at end of life.

**Check** which of the following types of assistance you are applying for: Eligible to participate in ONE of the programs

       **RESPITE**            Services currently used: \_\_\_\_\_

Primary Caregiver's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email address: \_\_\_\_\_  
if you have one

Resident's Name for Respite Care: \_\_\_\_\_

Address if different than above: \_\_\_\_\_

Relationship of Resident to Caregiver: \_\_\_\_\_

How did you hear about the assistance: \_\_\_\_\_

Total monthly income  
of resident: \$ \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_ Resident must be an adult

       **TRAVEL AND/OR LODGING**

Family Member's Name: \_\_\_\_\_ Total monthly income : \$ \_\_\_\_\_

Address: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Email address: \_\_\_\_\_

Relationship of Resident to Family Member: \_\_\_\_\_ \$'s for: \_\_\_\_\_ Travel

How did you hear about the assistance: \_\_\_\_\_ \_\_\_\_\_ Lodging

Resident's Name Visiting: \_\_\_\_\_

Name of Facility Resident is in: \_\_\_\_\_

**Please briefly explain your need** and how you would spend dollars received (i.e., travel out of town, time for self, family obligations, etc): use back of sheet if needed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Primary Caregiver or Family Member: \_\_\_\_\_

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