ANACORTES OLD FRIENDS CLUB®

A Program of PNW Home For Life Foundation

Application for Funding Assistance

We understand that caring for someone through cognitive changes is costly both financially and personally, and that some household budgets are strained by care expenses more than others. Financial concerns should not be a barrier to the benefits that Old Friends Club offers.

To be considered for funding assistance, please complete the following:

Member's Name: _____

1. Member household's monthly income: $ _____
2. Number of people dependent on this income: _____
3. Amount Member household can contribute for care at the Club per month:

   $ _____
4. Is there someone in your support network who can contribute to the

   sustainability of the Club? ☐ Yes ☐ No
5. Does Member receive Medicaid assistance? ☐ Yes ☐ No

Signature _____ Date _____

Please e-mail this application to our secure email at foundation@pnwhomeforlife.com or bring it to your first visit.