



Ambercare Foundation

**Finding Ways to Provide
Healthcare at Home**

CRITERIA FOR FOUNDATION FUNDS

Requested Service:

Requested Amount:

Covered Under Applicant's Insurance? Yes _____ No _____

Explanation:

Is there an ability to Pay? _____ Attach Worksheet to demonstrate level of need.

Family & Friend Support _____ Name: _____

Contact Information: _____

Social Services Currently Received: _____

What is the level of need? On a scale of one to ten, one being lowest....

Please assign a number:

