

Caregiver Care Watch Drawing

APPLICATION FORM



The **Caregiver CareWatch Drawing** is open to any deserving family that is having difficulty affording the non-medical home care they need for a loved one due to economic hardship. Each month, the name of one winning family will be drawn. The winning family will receive four hours of care, one day a week for an entire month. To enter, complete this form and fax it to Caregivers, Inc. at 615.826.3971 before the 25th of the month. The drawing will be held on the first business day of the month. The administrator of a local medical facility will draw the winning entry each month. Winners will be notified by telephone within one week of the drawing.

Primary Contact _____

Address _____

City/State/Zip _____

Home Phone _____ Mobile Phone _____

Email _____

Name of Person Needing Care _____

The person needing care is (circle one):

Elderly Disabled Indigent Other _____ (please specify)

Age of the person needing care: _____

Diagnosis: _____

Describe the situation that has created the need for care.

Describe the economic hardship that has made it difficult or impossible to pay for care.

If your entry is the winner, may we mention your name in a press release about the drawing? (Circle One)

Yes, I grant permission to use my name in press releases about the Caregiver Care Watch Drawing.

No, I would prefer that my name not be used.