Uplifting Caregivers Association
2305 E 52nd Street, Ste #3
Davenport, Iowa 52807

Uplifting Caregivers Application

Applicant Information

Last Name: _____ First: _____

Date: _____

Street Address: _____

Apartment/Unit #: _____

City: _____ State: _____ Zip: _____

Phone:_____ Email: _____

Address:_____

Employment History (Past 3 Years)

1. Company: _____ **Phone:** _____

Address:_____

Job Title: _____Start Date: _____

End Date: _____

2. Company: _____ **Phone:** _____

Address:_____

Job Title: _____ Start Date: _____

End Date: _____

3. Company: _____ Phone: _____

Address:_____

Job Title: _____ Start Date: _____

End Date: _____

Reason for the Assistance Request
(Please explain your situation in detail)

Date Assistance is Needed By:

_____

Type of Assistance Requested
(Please check or fill in all that apply)

- **Housing:**
  _____
- **Utility Bills:**
  _____
- **Free Food Program:**
  □ Thanksgiving □ Christmas **Family Size: _____**

- **Furniture Bank:**
  _____

- **Free Clothes:**
  □ Work □ General □ Winter □ Other: _____
  Explain:
  _____
  _____

- **Transportation Needs:** _____

- **Caregiver Scholarship:** □ Yes

- **Assist Caregivers Grant/Bonuses for High Achievement:** □ Yes

- **Medical Assistance for Caregivers:**
  _____

- **Assist Special Needs Adults:** □ Yes

- **Enrichment Classes:** □ Yes

Review Section *(For Office Use Only)*

Date of Application Review: _____

Proof of Employment: _____

Proof of What Is Needed: _____

Reviewers:

1. _____
2. _____
3. _____

Decision:
□ Approval □ Denial

Reason for Denial:

Director Approval: _____ Date: _____

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