



**ONE-TIME A YEAR FUNDING REQUESTS
Intake Form**

- ENOA (People 60 years old and older, must be for respite) for people living in Douglas, Sarpy, Dodge, Cass and Washington Counties
- Enrichment Foundation Grant (All ages, person must have a disability) only for people living in Sarpy and Douglas Counties

Demographic Information:

Name of person receiving care:

Caregiver:

Address

City: State NE Zipcode 68

Phone number-

Gender Male or Female

Age of person being cared for:

Race:

Estimated total annual income of the adult receiving care or income of the parent(s) if person receiving care is under 19 years old:\$

Is the person receiving assistance through:

- Medicaid –
- Supplemental Insurance –
- Medicare –

Other services the person is currently receiving:

What resources have you suggested to the person to meet the need?

*Amount the person or family is putting towards meeting the need? \$
(Other resources should be used to help meet the need)*

