

**St. John the Evangelist
Caretaker's of God's Creation
Award Application**

Council Name _____ Council # _____

District _____ Grand Knight _____

Phone # _____ E-Mail _____

Family/ Person Providing the care _____

Person Needing the Care _____

Relationship _____ Age of Person _____

Please describe who the Caretaker Family is and how they care for the Recipient.

Type of Care needed: (circle & describe those that apply)

To help us with the selection process we've assigned a point system to the Type of Care section.

1. 24/7 supervision (please describe the type of supervision needed)

(up to 30 points) _____

2. Dressing/Bathing

(up to 25 points) _____

3. Meal Prep

(up to 15 points) _____

4. Bill Paying

5. Financial aid

6. Care Appointment Transportation

(up to 10 points each)

Please describe the person needing the care (who they are and why they need care), and how the family who provides the care does it and their sacrifice doing it, attach additional pages if necessary and pictures if you like:

Please submit the completed application to State Director John Hundiak by email at :

j.huniak@mikofc.org

or mail to:

**John Hundiak
2439 Westwood Dr.**