

**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)

