



**The Caregiver Foundation**  
**Youth Caregiver Financial Assistance Fund**  
**2023/2024 Application Form**

The Caregiver Foundation's Financial Assistance Fund is a resource for caregiving youth in Hawai'i who need monetary help to afford relief services, wellness and behavioral health support, and self-care activities.

**Eligibility:**

- You must be 20 years of age or younger.
- You must be engaged in caregiving responsibilities.
- You must live in the state of Hawai'i.

**Directions:**

This application has three parts. All parts must be completed and signed by you and your parent or guardian (if you are under the age of 18).

- Part 1 asks questions about you and how you plan to use these funds.
- Part 2 asks questions about your caregiving situation and how it impacts you.
- Part 3 asks for your and your parent/guardian's consent to this application.

You are encouraged to seek out help from a parent, guardian, or supporting professional (such as a school counselor) to complete this application. Once you have finished all three parts, please email your application to [youth@thecaregiverfoundation.org](mailto:youth@thecaregiverfoundation.org). We will confirm when we have received your application.

To the extent possible, *awards will be used to directly purchase items or pay vendors on your behalf*. This means if you receive an award, you will not receive cash directly.

Please be sure to sign (not type) your signatures where requested. You may choose to print and scan your completed forms, or to complete and sign the form in Adobe Acrobat (or a similar program).

If you need further assistance with this application or have any questions, please contact us at [youth@thecaregiverfoundation.org](mailto:youth@thecaregiverfoundation.org).

## Part 1: Application

### 1A) Personal Information

This information helps us to contact you, and it helps us know who is being reached by our programming. This information will also help us disburse funds to you if you receive the award. We will not sell or share your personally identifying information without your consent.

Name:	
Date of birth:	
Home address:*	
Mailing address:	
Contact phone number:**	
Contact email address:**	
Gender (optional):	
Race or ethnicity (optional):	
School (optional):	
How did you hear about us?	

*\* This is the address where you have spent most of your time over the past year. If you do not live in a home, please state the town or city where you spend most of your time.*

*\*\* Please provide contact details for the best person to reach out to regarding your application. This may be your information, the information of your parent/guardian, or the information for a support person.*

### 1B) Funding Questions

Funds are awarded in amounts ranging from \$200-\$1000. Funds should be for the caregiving young person's overall benefit and wellbeing. Appropriate use of funds varies based on your situation, but may include relief services, cleaning services, mental health services, wellness services, self-care activities, recreational opportunities, and hobbies.

<p>How much money are you requesting?</p>	
<p>How do you plan to use these funds? <i>(Aim for 50-300 words)</i></p>	
<p>How might these funds improve your overall wellbeing? <i>(Aim for 50-500 words)</i></p>	

## Part 2: Caregiving Responsibilities

### 2A) Your Caregiving Situation

This information helps us to understand your role as a caregiver and the needs you might have from a program like ours.

To whom do you provide caregiving? Please provide their relationship to you and their age.	
Does the person you care for have a disability or long-term illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the person you care for affected by drugs or alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the person you care for qualify for SSDI (disability)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	Does the person you care for qualify for Medicare or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
Briefly describe their condition.	
Tell us how you provide care for this person (such as helping with daily activities, emotional support, housework, physical support).	

<p>How does your caregiving role impact your life? You may choose to tell us about your sense of fulfillment from caregiving, difficulties you experience because of caregiving, how it makes you feel, etc.</p>	
<p>Does your family have enough money to pay its necessary expenses, such as rent, food, and internet?</p>	
<p>Is there anything else you'd like use to know about your life situation?</p>	

## 2B) Caregiving Assessment

We ask you to fill out the following two questionnaires that ask about the nature and impact of your caregiving role. This information helps us more fairly assess need, and helps us to understand how to better support caregiving youth in the state.

<b>Multidimensional Assessment of Caring Activities (MACA-YC18)</b>				
<p>The Multidimensional Assessment of Caring Activities is a questionnaire to be completed by young carers to identify the total amount of caring activity undertaken by a child or young person in domestic tasks, household management, personal care, emotional care, sibling care, and financial/ practical care.</p> <p><i>How to use the MACA-YC18:</i> Care has been taken to ensure that the wording is appropriate for most children and young people so that they will be able to complete the MACA-YC18 by themselves. Although it may be appropriate sometimes to help with explanations, we recommend that children and young people are given the opportunity to complete the MACA-YC18 by themselves whenever possible. When it is necessary to provide explanations, this should be carried out by the professional involved. We do not recommend that the MACA-YC18 be completed in the presence of the person who is being supported. Young carers' responses on the MACA-YC18 should always be treated in confidence and used in line with an appropriate professional Code of Ethics and within an organization's child protection and confidentiality policies.</p> <p><i>Scoring for the MACA-YC18:</i> For the MACA-YC18 each of the items are rated on a 3-point scale, 'Never' = 0, 'Some of the time' = 1, and 'A lot of the time = 2'.</p> <p><b>Below are some jobs that young carers do to help. Think about the help you have provided over the last month. Please read each one and put a tick in the box to show how often you have done each of the jobs in the last month.</b></p>				
		<b>Never</b>	<b>Some of the time</b>	<b>A lot of the time</b>
<b>1</b>	Clean your own bedroom			
<b>2</b>	Clean other rooms			
<b>3</b>	Wash up dishes or put dishes in a dishwasher			
<b>4</b>	Decorate rooms			
<b>5</b>	Take responsibility for shopping for food			
<b>6</b>	Help with lifting or carrying heavy things			
<b>7</b>	Help with financial matters such as dealing with bills, banking money, collecting benefits			
<b>8</b>	Work part time to bring money in			
<b>9</b>	Interpret, sign or use another communication system for the person you care for			
<b>10</b>	Help the person you care for to dress or undress			
<b>11</b>	Help the person you care for to have a wash			
<b>12</b>	Help the person you care for to have a bath or shower			
<b>13</b>	Keep the person you care for company, e.g. sitting with them, reading to them, talking to them			

		Never	Some of the time	A lot of the time
14	Keep an eye on the person you care for to make sure they are alright			
15	Take the person you care for out, e.g. for a walk or to see friends or relatives			
16	Take brothers or sisters to school			
17	Look after brothers or sisters whilst another adult is near by			
18	Look after brothers or sisters on your own			

### Positive and Negative Outcomes of Caring (PANOC-YC20)

The Positive and Negative Outcomes of Caring is a questionnaire to be completed by young carers that can be used to provide an index (or score) of the subjective cognitive and emotional impact of caring in young people. Research and practice have identified that many young carers are significantly affected by their caring responsibilities both negatively and positively. For this reason, the PANOC-YC20 was designed to provide two scores. One score showing how much caring is experienced negatively and one showing how much caring is experienced positively.

*Scoring:* The PANOC-YC20 is a 20-item psychometric instrument designed to assess the positive and negative effects of caring activity. Each item is rated on a 3-point scale, 'Never' = 0, 'Some of the time' = 1, and 'A lot of the time' = 2.

**Below are some things young carers like you have said about what it feels like to look after someone. Please read each statement and tick the box to show how often this is true for you. There are no right or wrong answers. We are just interested in what life is like for you because of caring.**

		Never	Some of the time	A lot of the time
1 +	Because of caring I feel I am doing something good			
2 +	Because of caring I feel that I am helping			
3 +	Because of caring I feel closer to my family			
4 +	Because of caring I feel good about myself			
5 -	Because of caring I have to do things that make me upset			
6 -	Because of caring I feel stressed			
7 +	Because of caring I feel that I am learning useful things			
8 +	Because of caring my parents are proud of the kind of person I am			
9 -	Because of caring I feel like running away			
10 -	Because of caring I feel very lonely			

		Never	Some of the time	A lot of the time
11 -	Because of caring I feel like I can't cope			
12 -	Because of caring I can't stop thinking about what I have to do			
13 -	Because of caring I feel so sad I can hardly stand it			
14 -	Because of caring I don't think I matter			
15 +	Because of caring I like who I am			
16 -	Because of caring life doesn't seem worth living			
17 -	Because of caring I have trouble staying awake			
18 +	Because of caring I feel I am better able to cope with problems			
19 +	I feel good about helping			
20 +	Because of caring I feel I am useful			



### Part 3: Consent

**I, the young caregiver, agree to spend the award only for the purposes outlined in my application form. I understand and agree to the following (please check each line):**

The Caregiver Foundation reserves the right to reclaim all or part of the award if it is not wholly used for the purpose intended.

I will complete and return the Youth Caregiver Financial Assistance Fund follow-up form within 3-6 months after receipt of the award.

I will provide copies of receipts (or other documentation) of purchases funded by award money as required by the Caregiver Foundation.

The Caregiver Foundation may use the information provided in this application and follow-up form to improve our support services and inform future youth caregiver support efforts. Your personal, identifying information will not be shared with anyone outside of The Caregiver Foundation unless it is required to arrange the distribution of your award (we will let you know if we need to do this).

**Youth caregiver's signature:** \_\_\_\_\_

**Youth caregiver's name (printed):** \_\_\_\_\_

**Date:** \_\_\_\_\_

*For applicants 17 years of age and younger:*

**Signature of parent/guardian:** \_\_\_\_\_

**Name of parent/guardian (printed):** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Note: Please be sure to sign (not type) your signatures where requested. You may choose to print and scan your completed forms, or to complete and sign the form in Adobe Acrobat (or a similar program).*

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