

The Kidney Coaching Foundation, Inc  
Care Giver Application  
2006/2007

**APPLICATION FEE: \$50 non-refundable**

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

**Personal Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Email most used: \_\_\_\_\_

Referred by: (Friend) \_\_\_\_\_ (Doctor) \_\_\_\_\_ (website) \_\_\_\_\_

**Child's Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

**What is his/her chronic kidney condition?** \_\_\_\_\_

**How long have they had it?** \_\_\_\_\_

**Are they taking medication?** \_\_\_\_\_

**Doctor's name and facility** \_\_\_\_\_

**What problem do you need coaching for?**

Someone will call you to get and give further information. Thank you for your inquiry.