

Lake Traverse District

P.O. Box 56, Sisseton, SD 57262

APPLICATION FOR ASSISTANCE

Date Received: ___/___/___/

Received By: _____

Full Name:	Date of Birth?
Address:	Social Security Number:
City/State/Zip:	No. in Home?
Tele: :	No. of elders in home?
E-mail:	Employed, Yes or No?
Fax:	Employer:

District Members Only

Instructions: Please check the type of assistance you are requesting. Attach all supporting documents with the application; otherwise, the application will not be processed for payment.

Type:	<input checked="" type="checkbox"/>	Purpose:	Description:	Amount:	
Medical Assistance:		Appointment	Watertown, SD (60 mi)	\$45.00	
		Appointment	Aberdeen, SD (90 mi)	\$55.00	
		Appointment	Sioux Falls, SD (160 mi)	\$85.00	
		Appointment	Fargo, SD (90 mi)	\$55.00	
		Appointment	Minneapolis, MN (260 mi)	\$150.00	
		Appointment	Other:		
		Emergency	Name:		
Hardship Assistance:		Vendors	Limit - Once a year	\$200.00	
Youth:		Activity			
Funeral Assistance:					
Education Assistance:		High School	Graduation Award	\$150.00	
		High School	Senior Pictures	\$200.00	
		College	Full-time 12> credits /semester	\$500.00	
		College	Part-time 6-11 credits /semester	\$250.00	
		College	Summer School		
Utility Assistance:		(Shut-offs)			
Other:					

I, herein certify that the information provided on this Application and the attached support documentation is true and correct. I further understand that if I misrepresent the facts for financial assistance that I must repay it in full.

Signature

Date Signed

District Use Only:

Approval Date: ___/___/___	Voucher No.	Check No.
Approved Amount: \$ _____ .00		
District Chairman:	/ /	Issued to:
District Treasurer:	/ /	