

**BIG COULEE DISTRICT**

PO Box 825  
Agency Village, SD 57262

**ASSISTANCE APPLICATION**

DATE: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ ALIASES USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

ENROLLMENT NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Purpose of Request: Emergency Medical \_\_\_\_\_ Emergency Sewer/Water /Electric \_\_\_\_\_

Emergency Home Repair \_\_\_\_\_ Energy Assistance \_\_\_\_\_ Education \_\_\_\_\_ Disabled \_\_\_\_\_ Funeral \_\_\_\_\_

Elderly Assistance \_\_\_\_\_

HAVE YOU CONTACTED ELDERLY FOR MEDICAL ASSISTANCE? YES \_\_\_\_\_ NO \_\_\_\_\_, IF NO,

PLEASE STATE REASON \_\_\_\_\_

YOU WILL NEED TO PROVIDE VERIFICATION FROM THE CLINIC, DR., OR HOSPITAL, (2) ESTIMATES FROM CONTRACTORS, PASSING GRADES OF 2.0 OR HIGHER FOR THE PURPOSE OF THIS REQUEST.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY DISTRICT EXECUTIVES:**

This application was approved for:

Medical \$ \_\_\_\_\_ Energy Assistance \$ \_\_\_\_\_ Disabled \$ \_\_\_\_\_

Emergency Sewer/Water/Electric \$ \_\_\_\_\_ Home Repair \$ \_\_\_\_\_

Funeral \$ \_\_\_\_\_ Education \$ \_\_\_\_\_ District Days \$ \_\_\_\_\_

Check No: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
CHAIRPERSONS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TREASURER SIGNATURE

\_\_\_\_\_  
DATE