

BIG COULEE DISTRICT

PO Box 825

Agency Village, SD 57262

District Phone/Fax number: 605-938-4475

COVID ASSISTANCE APPLICATION

DATE: _____ PHONE#: _____ Email: _____

NAME: _____ ALIASES USED: _____

ADDRESS: _____

ENROLLMENT NO.: 347- _____ DATE OF BIRTH: _____

Are you employed? Yes _____ No _____

Purpose of Request: Emergency Medical _____ Emergency Sewer/Water /Electric _____

Emergency Home Repair _____ Energy Assistance _____ Education _____ 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: _____

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 \$ _____

Check No: _____ Date: _____

CHAIRPERSONS SIGNATURE

DATE

TREASURER SIGNATURE

DATE