

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 ___ District Day ___

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 \$ _____ District Day \$ _____

Check No: _____ Date: _____

CHAIRPERSONS SIGNATURE

DATE

TREASURER SIGNATURE

DATE