

Old Agency District

45644 Veterans Memorial Drive
PO Box 766 ~ Agency Village SD 57262
Phone: (605) 698-7747 ~ Fax: (605) 698-4216

Hardship Application (Please Print)

First Name	Middle Name/Initial	Last Name		
Date of Birth	Mark One 18-54 _____ 55+ _____ \$200.00 \$450.00		Enrollment Number	
Current Mailing Address PO Box/Street		City	State	Zip Code
Home Phone	Cell Phone	Work Phone		

1st Priority

The Old Agency District adult registered members are allowed one hardship assistance per calendar year. The OAD members 18 to 54 year olds may apply for \$200.00 and OAD Elders of 55+ may apply for \$450.00 in the month of their birthday. The check will be made payable to the district member and mailed or picked up by said member ONLY.

2nd Priority

Early Hardship requests will be reviewed by OAD Executive Officers and issued only to a licensed vendor, providing the budget allows for early disbursement.

Signature

Date

Check Date	Amount Requested	Check Number
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OAD Mtg. Approval 10/23/17 Motion #22