



# Sioux Falls Noon Sertoma Club Application for Financial Assistance

*Our main goal is to focus on the youth in our communities, our key focus is on: Service to Mankind!*

## SECTION A - CLIENT GENERAL INFORMATION (PLEASE PRINT)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Marital Status: (Check One) Single Married Widowed

## SECTION B - CLIENT ELIGIBILITY AND BACKGROUND INFORMATION (circle one)

1) Do you have Health Insurance? **YES** **NO** If **YES**, what type of **Medicaid** **Medicare** **Private Ins.** **Other**

2) Have you received services from the Sioux Falls Noon Sertoma Club before? **YES** **NO**

3) Do you have dependents? **YES** **NO** If **YES**, how many? \_\_\_\_\_

4) Have you had an evaluation by a health professional for the services your requesting? **YES** **NO**

If **YES**, please provide name and address of professional. Payments are made to the service provider.

\_\_\_\_\_

\_\_\_\_\_

5) Please provide details of what service is needed and what is the amount (\$) of assistance you are requesting.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION C - CLIENT FINANCIAL INFORMATION

### Monthly Household Income

Gross Family Income (include Social Security, Disability, Retirement/Pension, Unemployment, Federal or Public Assistance, and Child Support/Alimony benefits) \$ \_\_\_\_\_

## SECTION D - SUBMITTING THE APPLICATION

By signing below, I attest that the information on this application is true and complete to the best of my knowledge. I understand that I may not qualify or receive assistance.

X

\_\_\_\_\_

Signature

Date

Upon completion, Sioux Falls Noon Sertoma Club will review Application for Donation at next upcoming Board meeting which meets the third Thursday of each month. Any additional follow-up will be handled by Donation Request Committee Members. Thank you for contacting Sioux Falls Noon Sertoma Club!

This form may be mailed to: **Noon Sertoma Club, PO Box 88705, Sioux Falls, SD 57109** or email to **info@noonsertoma.com**. Call **(605) 789-2082** with questions.

For office use only: Date Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_