

Date: _____



Applicant Information

Name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____

Email: _____

INFORMATION FOR PERSON COMPLETING THIS APPLICATION
(if different than applicant)

Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Household Members Living With Applicant

(Please include parents, spouse, children, and any other close relatives)

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Friends or Family Members Willing to Participate in Fundraising Activities

Name	Relationship	Phone Number	Email
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



I understand that the information in this application will be used by 4Petesake for the purpose of determining eligibility for assistance. I understand that 4Petesake makes the final determination of eligibility and the amount of award for payment or reimbursement. Since the amount in the Fund varies from year to year, I understand that I should not assume or make financial decisions based on the expectation that the Fund will pay.

I give permission to 4Petesake members and associated volunteers to contact any state agency, employer, medical provider, insurer, or any other contact to verify information and/or collect further information relevant to this application for the purpose of determining eligibility. I also understand that the information I have provided to 4Petesake may be shared with state human service agencies for such purposes as coordinating services, seeing if the applicant is eligible for other programs, and finding ways to pay for medical and other expenses.

I understand that I authorize 4Petesake, Inc. to use my name and photo for promotional purposes if I am chosen to receive assistance.

I HEREBY SWEAR THAT THE INFORMATION I HAVE PROVIDED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature

Print Full Name

Date

Nominator Signature (If applicable)

Print Full Name

Date

SUBMIT COMPLETED APPLICATION IN A SEALED ENVELOPE TO:

4Petesake
PO BOX 190
Spring Green, WI 53588