



## APPLICATION FOR AID

**Must have school-age children (up to Sr. Yr. in High School) to qualify for assistance and be a Falmouth year-round resident.**

**Date:** \_\_\_\_\_

**PARENT(S)/GUARDIAN'S NAMES:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_ **cell:** \_\_\_\_\_

**Best time to be contacted:** \_\_\_\_\_

**Falmouth Resident?:** Yes /No      **Employed in Falmouth?:** Yes/No

**Number of children:** \_\_\_\_\_

**Names/ages:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. Please explain medical crisis or tragedy currently experiencing. Include name of individual if medical issue. If tragedy, cannot be loss of home due to foreclosure, loss of job or divorce.)
  
  
  
  
  
  
  
  
  
  
2. In the case of a medical condition, what is the timeframe for medical treatment and recovery? (Please provide a letter from the patient's doctor detailing diagnosis, treatment, length of treatment and location of treatment(s)). Letter must be on letterhead and include medical diagnosis form.)
  
  
  
  
  
  
  
  
  
  
3. Have you worked with the Falmouth Service Center for assistance with food and housing expenses?  
Yes \_\_\_\_\_/No \_\_\_\_\_      Can we contact the FSC for a referral?    Yes \_\_\_\_\_/No \_\_\_\_\_
  
4. Do you have health insurance? If yes, what company, what are the estimated uncovered expenses?
  
  
  
  
  
5. Who is/are the parent(s)'s guardian(s)'s employers?

