Foundation for Community Care

Medical Emergency Fund application

The Foundation for Community Care's "Medical Emergency Fund" is designed to help families and individuals who need emergency medical assistance and are currently receiving healthcare from Sidney Health Center. The Medical Emergency Fund assists people with expenses when treatment requires them to travel away from SHC due to an unplanned medical emergency. Excluded from assistance are hospital, physician and prescription charges, as other local avenues are available for these needs. Application fulfillment will be subject to fund availability, and decisions will be made based on applicant's financial need. The full Medical Emergency Fund policy is available upon request from the Foundation office.

Person needing treatment (Full Name)____ Age _________

Physician ____

Nature of illness/Diagnosis ____
(use back of page if necessary)

Insurance coverage? (name of Company) ____

Person applying for funds (Full Name)______________________________________ Relationship _________

Home Address ____
Street/Box City State Zip

Home Phone ________________________________

Amount requesting ____

Funding requested for? ____

Travel required to where? _________________________ When? ___________________ How? ____________

Financial information: Annual/Monthly {net} household income _________________ # in household__________

Employer___________________________________Spouse's Employer ______________________________

Please attach written documentation from a Sidney Health Center based healthcare professional verifying the requirement of travel.

A staff member from the Foundation for Community Care will contact the applicant directly upon application processing, typically within 5 business days.

Signature of Applicant/Guardian ____Date _____________

<u>Please return this form to</u>:
Foundation for Community Care
221 Second Street Northwest
Sidney, Montana 59270

FOUNDATION USE ONLY

Approved by _________________________________Date _________

Amount ___________Check # __________Date Awarded____________

Received by (signature)_______________________________________

Form Updated 9 - 1 5