



FOUNDATION
FOR COMMUNITY CARE

Bridge Fund

Application

The Foundation for Community Care's Bridge Fund is designed to help families and individuals who need travel assistance and are currently receiving healthcare from Sidney Health Center. The Bridge Fund assists people with expenses when treatment requires them to travel outside of Sidney Health Center 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 Bridge Fund policy is available upon request from the Foundation office.

PERSON NEEDING TREATMENT (Full Name): _____ AGE: _____

Preferred Provider/Physician referring patient: _____

Nature of illness/Diagnosis: _____

Insurance Coverage (name of company): _____

Person applying for funds *if other than patient*: (Full Name): _____ Relationship: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Funding will be used for: _____

Required Destination (city/facility): _____ When: _____ How: _____

Financial Information: Net household income: \$ _____ Annual / Monthly # in household: _____

Employer: _____ Spouse's Employer: _____

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

Upon receiving all required documents, information will be presented to the Bridge Fund committee for review. Applicant will be notified by the Foundation for Community Care staff of this applications approval or denial and procedure to follow accordingly, typically within five (5) business days.

Signature of Applicant/Representative: _____ Date: _____

The Bridge Fund limits one grant per family, per household, per year. (Per year refers to a continuous 12 month period).

Please return application to:

Foundation for Community Care
221 2nd Street SW
Sidney, MT 59270
406-488-2273
Fax: 406-488-2279

FOUNDATION FOR COMMUNITY CARE USE ONLY

Past Recipient: Y / N If YES, When: _____ Eligible: Y / N

Approved by _____ Date _____

Amount \$ _____ Check # _____ Date Awarded _____

Received by: _____