

**Lake Traverse District**

P.O. Box 56, Sisseton, SD 57262

**APPLICATION FOR ASSISTANCE**

Date Received: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ /

Received By: \_\_\_\_\_

Full Name:	Date of Birth?
Address:	Social Security Number:
City/State/Zip:	No. in Home?
Tele: :	No. of elders in home?
E-mail:	Employed, Yes or No?
Fax:	Employer:

**District Members Only**

Instructions: Please check the type of assistance you are requesting. Attach all supporting documents with the application; otherwise, the application will not be processed for payment.

Type:	✓	Purpose:	Description:	Amount:
Medical Assistance:	<input type="checkbox"/>	Appointment	Watertown, SD (60 mi)	\$45.00
	<input type="checkbox"/>	Appointment	Aberdeen, SD (90 mi)	\$55.00
	<input type="checkbox"/>	Appointment	Sioux Falls, SD (160 mi)	\$85.00
	<input type="checkbox"/>	Appointment	Fargo, SD (90 mi)	\$55.00
	<input type="checkbox"/>	Appointment	Minneapolis, MN (260 mi)	\$150.00
	<input type="checkbox"/>	Appointment	Other:	
	<input type="checkbox"/>	Emergency	Name:	
Hardship Assistance:	<input type="checkbox"/>	Vendors	Limit - Once a year	\$200.00
Youth:	<input type="checkbox"/>	Activity		
Funeral Assistance:	<input type="checkbox"/>			
Education Assistance:	<input type="checkbox"/>	High School	Graduation Award	\$150.00
	<input type="checkbox"/>	High School	Senior Pictures	\$200.00
	<input type="checkbox"/>	College	Full-time 12> credits /semester	\$500.00
	<input type="checkbox"/>	College	Part-time 6-11 credits /semester	\$250.00
	<input type="checkbox"/>	College	Summer School	
Utility Assistance:	<input type="checkbox"/>	(Shut-offs)		
Other:	<input type="checkbox"/>			

I, herein certify that the information provided on this Application and the attached support documentation is true and correct. I further understand that if I misrepresent the facts for financial assistance that I must repay it in full.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

**District Use Only:**

Approval Date: ____ / ____ / ____	Voucher No.	Check No.
Approved Amount: \$ ____ .00		
District Chairman:	/ /	Issued to:
District Treasurer:	/ /	