



## APPLICATION FOR AID

**Must have school-age children (under 18 years of age) and be a year-round Falmouth resident to qualify for assistance.**

**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, this 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. 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?
  
6. Is your employer providing paid leave, and for how long? If not, what is the loss of income due to loss of work?
  
7. What are your current financial issues? What is your loss of income? Please explain how you would utilize our financial assistance?

**REQUIRED WRITTEN INFORMATION**

1. Letter or email from the treating doctor (on Doctor's letterhead) providing diagnosis/treatment & services needed/length of treatment. Please provide a copy of the medical/insurance diagnosis form.
2. Name and social security number of Head of Household:
3. Copy of the family's rent or mortgage statement.

**PLEASE NOTE:** *If the family's medical issue is not within the first two months of diagnosis, and the financial issues are going to be long-term, you may be asked to visit the Falmouth Service Center for a referral to WFFF.*

**SUBMIT APPLICATION BY MAILING TO:**

WINGS FOR FALMOUTH FAMILIES, P.O. Box 843, FALMOUTH, MA 02541

**QUESTIONS:** Call Ruth Augusta, President, (508) 548-4420

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*\*WFFF will not begin to process your application until all necessary paperwork is provided Wings for Falmouth.*

*\*Families (WFFF) has the right to ask for additional supporting documents.*

All the statements above have been answered to the best of my/our knowledge. I/we understand that WFFF is entitled to reimbursement of aid should WFFF find parent(s)/guardian(s) have knowingly provided deceiving information.

Submitted by:

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature