

BETHEL BUTIKK FOUNDATION

Request for Assistance

Date: _____

Name _____ SS# _____ Drivers license# _____

Address _____ City _____ State / Zip code _____

Phone# _____ Birthdate _____

HOUSEHOLD MEMBERS

Adult male name _____ SS# _____ Disabled? Y / N

Adult female name _____ SS# _____ Disabled Y / N

Children _____ Age _____ Children _____ Age _____

Children _____ Age _____ Children _____ Age _____

Children _____ Age _____ Children _____ Age _____

1. How many years have you lived at this address? _____ In this county? _____ In this state? _____

2. List your sources of monthly income and the dollar amount:

Wages _____ Social Security _____ Unemployment _____ SSI _____

W-2 _____ Child Support _____ Other _____

3. List your monthly expenses / bills:

Rent / Mortgage _____ Transportation _____ Phone _____ Credit cards _____

Electric _____ Child Care _____ Heat _____ Medical _____

4. What types of assistance have you applied for in the past six (6) months?

W-2 _____ Food pantry _____ Medical assistance _____ SSI _____

Rent assistance _____ Child care _____ Food stamps _____ Energy assistance _____

WIC _____ Other _____

5. List any barriers to employment _____

6. If your request is approved: a) Actual Amount requested: _____

b) Check should be made out to: _____

7. Will you pick up the assistance check? _____ Yes _____ No

If not, please list the business address where the check is to be sent _____

The above information is true and correct. I hereby release Bethel Butikk Foundation, or any of it's employees or volunteers, from any liability resulting from the exchange of client information relating to this assistance, should it be granted. I understand that this is a request for assistance and may not result in assistance.

Signature _____ Date _____

This form may be mailed to: Bethel Butikk Foundation, P.O. Box 53, Westby, WI 54667 – for consideration

For Bethel Butikk Foundation recording:

Date of Review _____ Decisions / Notes _____

GENERAL GUIDELINES FOR BETHEL BUTIKK
ASSISTANCE:

- All requests for assistance must have documentation for the bill to be paid
- No checks will be written out to the individual requesting assistance
- For utilities, we must have a copy of the bill
- For rent we must have a letter from the landlord with their address and telephone number. The actual amount that you owe must be on the bill.
- All requests for transportation help must go through Workforce Connections at 634-2996, or CouleeCAP at 637-6790. We will provide assistance based on what they cannot pay for.
- As a rule, we will provide up to \$200.00 once per year. Exceptions may be made by the board which meets every Monday morning at 8:30 a.m.