



Needs of Dubois (NOD)

PO Box 865

Dubois, WY 82513

Phone: 307-455-3173

E-Mail: needsofdubois@gmail.com

Web: <http://www.needsofdubois.org/>

NOD Application for Assistance

Requirements:

- You must be a current resident of Dubois or Crowheart and have resided here for one year.** Proof of residency is established by providing a copy of **one** of the following documents at least one year old showing a Dubois or Crowheart physical address:
 - Utility bill
 - Rent receipt from landlord
 - Property tax statement
 - Hunting or Fishing License
 - Any other form of documentation, minimum of one year old, with a Dubois or Crowheart physical address.
- Attach copies of bills you are requesting NOD to pay** as required on Page 6. All payee contact information must be included on copies.
 - Include a copy of each bill (e.g. phone bill, power bill, propane bill, medical/dental treatment bill, rent or lease agreement, etc.).
 - If you only have a treatment plan or estimate from a medical provider, provide a copy of that document if actual bills are unavailable.
 - For gas and grocery costs, provide an estimate based on your monthly need.
- Attach all required documentation** as specified in each section of the application.

Important Information:

- NOD will not pay you or reimburse you for expenses submitted on this application.
- NOD pays service providers directly based on bills that are submitted with this application.
- NOD will not make payments towards assets such as vehicles and mortgage payments.
- Payments may be denied or reduced if:
 - you have health, dental, or vision insurance,
 - you have not documented your efforts to obtain other resources for assistance, or
 - your needs do not meet the mission of Needs of Dubois.
- NOD reserves the right to verify any and/or all sources of information.
- If any information provided on the application is proved to be false, the application will not be considered.
- All information in this application is confidential unless you grant permission to NOD to use your information for fundraising purposes.
- **Application processing time is approximately two weeks.**

APPLICATIONS THAT DO NOT INCLUDE ALL OF THE REQUIRED DOCUMENTATION WILL NOT BE REVIEWED.

NOD Application for Assistance

1. Applicant Information

Full name:

Street and mailing address:

Phone Number:

Email Address:

<input type="text"/>	<input type="text"/>
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If filling out an application on behalf of someone else, please list your name, street and mailing addresses, phone number(s), and email address.

Write a brief statement outlining the reason you are applying for NOD assistance:

2. Household, Employment, Income, and Expense Information

Are you or your spouse/significant other working?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Yes - myself | <input type="checkbox"/> Yes - spouse/significant other |
| <input type="checkbox"/> No - myself | <input type="checkbox"/> No - spouse/significant other |
| | <input type="checkbox"/> NA - no spouse/significant other |

Please attach copies of last three pay stubs for you and/or your spouse/significant other if one or both of you are working.

Are you or your spouse/significant other incapable of working? *If yes, please attach doctor's statement or comparable documentation verifying why one or both are unable to work.*

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Yes - myself | <input type="checkbox"/> Yes - spouse/significant other |
| <input type="checkbox"/> No - myself | <input type="checkbox"/> No - spouse/significant other |
| | <input type="checkbox"/> NA - no spouse/significant other |

Have you or your spouse/significant other registered for unemployment insurance?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Yes - myself | <input type="checkbox"/> Yes - spouse/significant other |
| <input type="checkbox"/> No - myself | <input type="checkbox"/> No - spouse/significant other |
| | <input type="checkbox"/> NA - no spouse/significant other |

Attach unemployment registration and/or other income receipt if applicable.

Please list the names, relationship, and dates of birth of all persons living in your household. Answer yes or no as to whether each person is a dependent or is generating income for the household.

Name	Relationship to Applicant	Date of Birth	Answer Yes or No: Is this person	
			Dependent?	Generating Income?
	SELF			
Total in household:				

To determine need, NOD must know your current monthly household income and expenses. List each source of income with its amount in the following table for all members of the household that are generating income. If you are receiving other forms of financial aid, list that in the space provided on page 5.

Income Source	Monthly Amount
<i>Total monthly income:</i>	

Please list all your current monthly household expenses in the following table.

Payee	Monthly Amount
<i>Total monthly expenses:</i>	

3. Other Sources of Financial Aid

Do you have any type of health, dental, or vision insurance? If no, skip the next question.

- Yes
- No

Does your insurance have limited or no coverage for your needs? *If yes, please attach the section of your insurance policy stating limitations.*

- Yes
- No

Have you applied for other forms of assistance?

- Yes
- No

If yes, please complete the following table. Include any past assistance you received from NOD. Examples of other forms of assistance include, but are not limited to:

- LIEAP
- Food stamps
- St. Thomas Episcopal Church food bank
- Dubois Medical Clinic sliding scales
- Indigent care through hospitals
- Disability Insurance
- Veteran's benefits
- Lion's Club for vision needs
- Kiwanis Club for children's needs

Source of Assistance	Date Applied	Approved or Denied?	Amount Requested	Amount Received
<i>Totals</i>				

4. Bills You are Requesting NOD to Pay

Payee	Amount Due	Due Date
<i>Total Application Amount:</i>		

Attach copies of bills requested to be paid. All payee contact information must be included on copies.

- Include a copy of each bill (e.g. phone bill, power bill, propane bill, medical/dental treatment bill, rent or lease agreement, etc.).
- If you only have a treatment plan or estimate from the medical provider, provide a copy of that document if actual bills are unavailable.
- For gas and grocery costs, provide an estimate based on your monthly need.

5. Checklist - Did you attach the following:

- | | |
|---|--|
| <input type="checkbox"/> Proof of Residency? | <input type="checkbox"/> Insurance Policy Limitations? |
| <input type="checkbox"/> Pay Stubs/Proof of Income/Unemployment Benefits? | <input type="checkbox"/> or NA? |
| <input type="checkbox"/> Proof of Inability to Work? | <input type="checkbox"/> Copies of bills to be paid? |
| <input type="checkbox"/> or NA? | |

6. Certification

I agree to allow NOD to use information regarding my case in their fundraising efforts:

- Yes
- No

I declare, that, to the best of my knowledge and belief, the information herein is true, correct, and complete.

I understand that NOD may deny or reduce assistance if I have health, dental, or vision insurance, if I have not documented my efforts to obtain other resources for assistance, if I have not provided all required documentation, or if my needs do not meet the mission of Needs of Dubois.

Applicant's Signature	Date