



Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail (if applicable) \_\_\_\_\_

Details of Situation:

Number of dependents in the home: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Is the applicant currently receiving insurance or assistance to address the situation above?

Name of person making this request: \_\_\_\_\_

**Western Cares Guidelines**

- Western Cares funds are not intended for organizations; individuals only.
  
  - Applications for assistance will be accepted from members and from WCE employees on behalf of members. Funds are available on a first come, first serve basis. WCE employees and board members are ineligible for this assistance.
  
  - Whatever your awarded amount is will **FIRST** be applied to your WCE account. If after bringing the account to a \$0 balance, there is \$\$ left over, it will be given to the recipient. If the awarded amount **DOES NOT** fully cover the WCE bill, the balance of the bill will remain outstanding.
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**Area Below Reserved for Western Cares Committee Use**

Date: \_\_\_\_\_ Accepted Yes \_\_\_\_\_ No \_\_\_\_\_

Amount Donated: \_\_\_\_\_