



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: _____