



Application for Assistance

IMPORTANT: Please fill out the form completely. Note that not all requests can be fulfilled; however, the committee will do its best to accommodate your needs. Please note the following:

1. Checks will not be written directly to the applicant.
2. Checks will be written directly to the agency, vendor, or landlord, etc.
3. A copy of the bill or invoice **MUST** be attached to this application.
4. All information provided by the applicant must be truthful. Any information that is deemed to be false will render this application null and void.
5. The members of the Krewe of Apollo AIDS/Crisis Committee are the only authorities, at its discretion, to approve funding to applicants.

Name: _____

Home Address: _____

Phone Numbers: _____ (Home)
_____ (Cell)

Who Referred You: _____

Have you tested HIV+ _____

If you are not HIV+, please give the circumstance for needed assistance _____

Have you ever received assistance from the Krewe of Apollo AIDS/Crisis Fund? _____

Have you contacted other agencies for assistance? _____

If so, list which ones, the date(s) contacted and what responses they gave?

Do you currently have health insurance? _____ With whom? _____

Are you currently employed? _____ Full/Part time: _____

Are you classified as disabled or unable to work? _____

If yes, do you currently receive disability payments? _____

Are you eligible for Medicare or Medicaid? _____

How can we help you? _____

What are your most urgent needs? _____

Please provide an estimated dollar amount of this request.* \$ _____

**NOTE: The allocation of funds may be in full or a partial payment of the requested amount.*

By signing this application, I attest that information provided is truthful. I understand that any false statements will deem this application null and void.

Date

Applicant Signature

*(The information contained on this form is for Committee use only and **MUST NOT** be divulged to anyone outside of the AIDS/Crisis Committee. The applicant shall be assigned a Case Number by the Committee for identification in dealing on the applicant's behalf with anyone outside the Committee.)*