



KREWE OF APOLLO BATON ROUGE AIDS/CRISIS FUND APPLICATION

Name:		Date of Birth:	
Referred By:	Home Phone:	Mobile:	
Current address:			
City:	State:	ZIP Code:	
E-mail:			
Current Employer:	Address of Employer:		
Current Position:			
Are you classified as disabled or unable to work?	Y / N	Do you currently receive disability payments?	Y / N
Have you received assistance from the AIDS/Crisis Fund in the past?	Y / N	If so, when and how much?	\$
Have you tested positive for HIV/AIDS?	Y / N	Have you sought help from other agencies?	Y / N
Do you currently have health insurance?	Y / N	Provider:	
Are you eligible for Medicare or Medicaid?	Y / N		
Why are you applying for assistance from the AIDS/Crisis Fund? Describe what has happened to cause your financial hardship?			

Describe in detail your immediate basic needs: _____			

How will these funds, if approved, help you recover from the immediate financial crisis? _____			

AIDS/Crisis Fund is used to help pay for limited types of essential living expenses such as:

- Rent, mortgage, other house payment
- Temporary Housing/Security Deposit
- Essential Utility Bills (AC/heat, water, gas)
- Medical Expenses
- Minor Home Repairs needed to maintain home safety

Funds cannot be granted for other expenses such as:

- Legal fees
- Insurance Premiums
- Non-essential utilities (cable, cell phone, etc.)
- Furniture or appliances

If the application is approved, the Krewe of Apollo Baton Rouge AIDS/Crisis Fund will make the grant(s) in the form of check(s) payable to the vendor(s) and the applicant will be notified of the payment(s). All grants are made directly to vendors as bill payments; no funds will be sent directly to applicants.

Provide the name of the vendor, the complete address, the account number (when relevant), amount due, and due date. Remember, although the maximum amount varies, smaller sums may be awarded, so list the vendors in order of priority. For each vendor, attach appropriate documentation (bills, lease, mortgage coupon, statement, etc.)

NOTE: Payments cannot be made without clear, complete information including full account numbers and documentation. Omitting copies of your bills will delay your application.

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Vendor Name	
Vendor Address	
Basic Need Covered	
Payment and Due Date	
Account Number (If applicable):	

Vendor Name	
Vendor Address	
Basic Need Covered	
Payment and Due Date	
Account Number (If applicable):	

Vendor Name	
Vendor Address	
Basic Need Covered	
Payment and Due Date	
Account Number (If applicable):	

Vendor Name	
Vendor Address	
Basic Need Covered	
Payment and Due Date	
Account Number (If applicable):	

Vendor Name	
Vendor Address	
Basic Need Covered	
Payment and Due Date	
Account Number (If applicable):	

This application will be treated in a confidential manner by the Krewe of Apollo Baton Rouge AIDS/Crisis Fund Committee, Krewe President, and Krewe Treasurer; however non-identifying statistical information will be reported to the Krewe membership on a periodic basis.

Applicants are expected to provide truthful and accurate information. In its due diligence, if the Committee discovers any information to be untrue, it shall have the right to unilaterally deny your application.

Your signature below certifies that the information provided is true and complete, authorizes the Krewe of Apollo Baton Rouge AIDS/Crisis Fund Committee to obtain and/or verify all information necessary to process this application, and releases the Committee and the Krewe of Apollo Baton Rouge from any liability associated with the rejection of or funding of this application. It is likely that, from time to time, lesser amounts will be awarded. In addition, you agree to provide the requested documentation supporting the information provided.

SIGNATURE

Date

Return completed and signed application with requested documentation to:

**KREWE OF APOLLO BR
AIDS/CRISIS FUND
PO BOX 3591
BATON ROUGE, LA 70821**

or

CRISIS@APOLLOBATONROUGE.COM

FOR OFFICIAL USE ONLY					
Case #		Date R'cvd		Amt R'qstd	\$
Approved By		Date Funded		Amt Funded	\$