**Bethel Butikk and Foundation**

**Request for Assistance**

Date:\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Drivers Lic.#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Household Members**

Adult Male Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disabled? Y/N

Adult Female Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disabled? Y/N

Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_

Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_

Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_

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1. **How many years have you lived at this address?**\_\_\_\_\_\_ In this county?\_\_\_\_\_\_ In this state?\_\_\_\_\_
2. **List your sources of monthly income and the dollar amount:**

Wages\_\_\_\_\_\_\_\_\_ Social Security\_\_\_\_\_\_\_\_\_\_ Unemployment\_\_\_\_\_\_\_\_\_\_ SSI\_\_\_\_\_\_\_\_\_\_\_\_\_

W-2\_\_\_\_\_\_\_\_\_\_\_ Child Support\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **List your monthly expenses / bills**:

Rent/Mortgage:\_\_\_\_\_\_\_\_\_\_ Transportation:\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_ Credit Cards:\_\_\_\_\_\_\_
Electric:\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Care:\_\_\_\_\_\_\_\_\_\_\_\_ Heat:\_\_\_\_\_\_\_\_\_\_\_ Medical:\_\_\_\_\_\_\_\_\_\_\_

1. **What types of assistance have you applied for in the past (6) months?**

W-2:\_\_\_\_\_\_\_\_\_\_ Food Pantry:\_\_\_\_\_\_\_\_\_\_\_\_ Medical Assistance:\_\_\_\_\_\_\_\_\_\_\_ SSI:\_\_\_\_\_\_\_\_\_\_\_

Rent assistance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Care:\_\_\_\_\_\_\_\_\_\_\_ Food Stamps:\_\_\_\_\_\_\_\_\_\_

Energy assistance:\_\_\_\_\_\_\_\_\_\_\_\_ WIC:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **List any barriers to employment**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If your request is approved:**

* Actual amount requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Check should be made out to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (See reverse side for qualifying recipients/info.)
* Will you pick up the assistance check? \_\_\_\_\_(YES) \_\_\_\_(NO)
* If (NO), please list business address where the check is to be sent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***The above information is true and correct. I hereby release Bethel Butikk and Foundation, or any of it’s employees or volunteers, from any liability resulting from the exchange of client information relating to this assistance, should it be granted. I understand that this is a request for assistance and may not result in assistance.***

* **Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please note: You must see reverse side for further instructions to be approved.

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***Bethel Butikk and Foundation--For Office Use Only:***

Date of Review:\_\_\_\_\_\_\_\_\_\_\_\_ Decisions/Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* For rent we must have all of the following:
1. A letter from your landlord
2. The landlord’s name, address, and telephone number
3. The actual amount that you owe on the bill
* All requests for assistance must attach the actual bill documentation in order for the bill to be paid.
* No checks will be written out to the individual requesting the assistance.
* All request for transportation help must go through ***Workforce***

***Connections*** at **#637-2996** and then we will cover what they cannot pay for.

* As a rule we will provide up to $300 once per year. Exceptions may be made by the Board, which meets every Monday morning at 8:30 am.
* For consideration this form may be mailed to:

Bethel Butikk and Foundation

P.O.Box 53

Westby, WI 54667

Or Email: butikk@bethelhome.org