



Roswell Sertoma Club
Post Office Box 202
Roswell, NM 88202-0202

For Sertoma use only...
Ref by: _____
Action: _____
Dollars: _____
Date: _____

Hearing or Speech Assistance Request

IMPORTANT, READ THIS...

Applicant should be a resident of Chaves County to receive assistance.

This form consists of two pages; page 2 is on the back of this page.

Fill this form out **COMPLETELY** and **LEGIBLY**. Incomplete or illegible forms will **NOT** be considered.

A decision on your will request will be based entirely on the information you include on this form.

Usually, you will need verification of costs pertaining to assistance requested (e.g., doctor's statement, contractor bids, etc.)

You may make an oral presentation in addition to submitting this form.

Action on a request normally takes two (2) to three (3) weeks. Emergency request considerations are very rare.

If you have received funding from Roswell Sertoma within the last twelve (12) months, this request will not be considered.

MAIL THIS FORM TO THE ADDRESS SHOWN ABOVE.

Date: _____

Name: _____ Age: _____

Address: _____

Phone _____ Date of Birth: _____

Contact Person or sponsor for this request (if different from above)
(name, address & phone #) _____

WHAT assistance are you requesting: _____
(Specify exactly, e.g., hearing aid(s), speech therapy, etc.)

AMOUNT of aid requested:

Total amount of money needed: \$ _____

Amount of money raised to date: \$ _____

Explain (e.g., donations, fund raisers, etc.): _____

Amount requested from Sertoma: \$ _____

WHY do you need this assistance (Explain in detail)

WHEN do you need this assistance? _____

WHAT SPECIAL CIRCUMSTANCES or situations should be considered by the Roswell Sertoma Club
(e.g., family or individual hardship, etc.)

Are you a MEDICAID recipient? YES NO

NEED and/or COST VERIFICATION (verification by doctor or service provider. **Must** be signed by person(s) verifying .)

(include attachments, if they will contribute to a favorable decision on your request)

MONTHLY INCOME AND EXPENSE STATEMENT

(This must be completed. Failure to do so will result in no consideration of this application)

INCOME:

Salary _____
 Pension and/or Retired Pay \$ _____
 Social Security \$ _____
 Welfare, donations, etc. \$ _____
 Other income available in household \$ _____

Total Monthly Income \$ _____

EXPENSES:

Rent \$ _____
 Utilities (electric & gas) \$ _____
 Water & garbage \$ _____
 Food \$ _____
 Medical & Dental \$ _____
 Transportation (vehicle payments, maintenance, gas, etc.) \$ _____
 Other (describe _____) \$ _____

Total Monthly Expenses \$ _____

The Roswell Sertoma Club requires a detailed "Statement of Expenditures" to account for the requested financial assistance within thirty (30) days of its expenditure. Do you object to submitting such a statement?
 YES NO

Would you acknowledge in the media (newspapers, radio, TV) that Roswell Sertoma made this contribution?
 YES NO

The information entered on this form is true and correct to the best of my knowledge and belief.

 (signature of requester)

NOTE: All items on this form must be completed for this request to be considered

This application must be submitted to the Committee for consideration prior to its meeting. Emergency approvals are rare and such requests will only be considered under the most unusual circumstances.

Any monies approved by the Roswell Sertoma Club will be paid direct to the service provider.

Information contained on this application will NOT be released outside Roswell Sertoma without permission of the recipient.