

# Dubuque

Society for Special Needs

Mail to:  
WNDC  
1690 Elm Street Ste 110  
Dubuque, IA 52001  
ATTN: Angela Petsche

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

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' Name (if minor): \_\_\_\_\_

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

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

Household Members	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has this applicant and/or family been assisted by this society in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when? \_\_\_\_\_

List other agencies assisting this applicant and/or family:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the applicant covered by an insurance plan: (Medicare, Medicaid, HMO, THN, Blue Cross, etc.)  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is coverage: \_\_\_\_\_

Will insurance help cover the requested item? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how much: \_\_\_\_\_

## Estimated Monthly Income and Expenses

Income	Amount	Expense	Amount
Wages		Rent/house payment	
Social Security/SSI		Groceries	
FIP		Utilities	
Unemployment		Cable	
Child Support		Phone	
Other		Credit cards/loan payments	
Other		Car payment/gasoline/repairs	
Other		Child Care	
<b>Total monthly income</b>		Insurance	
		Other	
		Other	
		Other	
		<b>Total Monthly Expenses</b>	

The applicant is asking for assistance to cover what expense? \_\_\_\_\_

What recent or long-term circumstance has affected the applicant/family's ability to pay for this item?

Applicant/Parent Signature: \_\_\_\_\_