



### Aid Application

Applicants must have minor children (under the age of 18 years old) and be a year-round Falmouth resident to qualify for assistance.

#### Family Information

Parent(s)/Guardian Names: \_\_\_\_\_

Physical and/or Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best way/time to be contacted: \_\_\_\_\_

Falmouth Resident: Yes/No      Employed in Falmouth: Yes/No      Number of Children: \_\_\_\_\_

Children Names/Ages: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Questions

1. Please explain the medical crisis or tragedy you are currently experiencing. Include name of individual if medical issue. If tragedy, this cannot be loss of home due to foreclosure, loss of job or divorce.
  
  
  
  
  
  
  
  
  
  
2. In the case of a medical condition, what is the timeframe for medical treatment and recovery? (Please provide a letter from the patient's doctor detailing diagnosis, treatment, length of treatment and location of treatment. Letter must be on letterhead and include medical diagnosis form.)

## Financial Information

3. Have you worked with the Falmouth Service Center (FSC) for assistance with food and/or housing expenses? Yes \_\_\_\_\_ No \_\_\_\_\_ Can we contact the FSC for a referral? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you have health insurance? If yes, what company and what are you estimated uncovered expenses?
5. Who is/are the parent(s)/guardian(s)'s employers?
6. Is your employer providing paid leave, and if so, for how long? If not, what is the loss of income due to the loss of work?
7. What are your current financial issues? What is your loss of income? Please explain how you would utilize our financial assistance?

## Application Specifics

### Required Written Documentation

1. Letter or email from the treating doctor (on Doctor's letterhead) providing diagnosis/treatment & services needed/length of treatment. Please provide a copy of the medical/insurance diagnosis form.
2. Name and social security number of Head of Household.
3. Copy of the family's rent or mortgage statement.

**PLEASE NOTE:** *If the family's medical issue is not within the first two months of diagnosis, and the financial issues are going to be long-term, you may be asked to visit the Falmouth Service Center for a referral to WFFF.*

**SUBMIT APPLICATION BY MAIL TO:** Wings for Falmouth Families, PO Box 843, Falmouth, MA 02541  
**QUESTIONS:** Call President, Kristin Shearer, (508) 388-7633

### Wings for Falmouth Families:

- will not begin to process your application until all necessary paperwork is provided
- has the right to ask for additional supporting documents.

All the statements above have been answered to the best of my/our knowledge. I/we understand that Wings for Falmouth Families (WFFF) is entitled to reimbursement of aid should WFFF find parent(s)/guardian(s) have knowingly provided deceiving/false information.

Submitted by:

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date