



OFFICE OF MONICA MAYER M.D. COUNCILWOMAN

NORTH SEGMENT OFFICE

FINANCIAL ASSISTANCE APPLICATION



Funeral and Non-Elder appointments are processed by the Grants & Donations Office

Please be advised Financial Assistance will be limited to the following categories, Emergency Medical and Funeral, due to budgetary constraints until further notice.

Documentation and Identification is required for ALL requests, NO EXCEPTIONS!

- Funeral Assistance: _____
Relationship to Deceased _____
- Emergency Medical: _____

Dollar amount Requesting: \$ _____

Initial: _____

_____ - Up to, but not guaranteed, \$500 per fiscal year FY18 (Oct. 1, 2017- Sept. 30, 2018)

FULL LEGAL NAME:

First: _____ Middle: _____ Last: _____ (Jr., Sr.)

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: () _____ Enrollment #: 301U- _____ DOB: _____

Signature: _____ Date: _____

Office Use Only:

Date Received: _____ N.S. Staff: _____

- FY18
- ENROLLED
- NORTH SEGMENT
- Approved: _____
- Denied: _____
- Referral: _____

Signature: _____ Date: _____