



ATTN: Application Committee
PO Box 213
Richland Center, WI 53581
608-604-2900
Email: Walkwithgracebenefit@gmail.com
Website: walkwithgrace.com



Application Form – **COMPETE & SIGN THE ENTIRE TOP PORTION**

G.R.A.C.E. provides financial assistance based on the amount of funds approved for each year. Assistance is in the form of gift cards for Wal-Mart or Kwik Trip, or checks written and mailed by the G.R.A.C.E. office directly to the utility, clinic, pharmacy, landlord, etc. Invoices MUST be presented to the G.R.A.C.E. office for payment by check. No checks will be written to, or given to, the applicant/recipient. All checks will be mailed by the G.R.A.C.E. office.

Name _____ Date of Birth _____ Phone _____
Street Address _____ City _____ Zip _____
County _____ City, Village or Township _____
Physician _____ Diagnosis _____

Have you previously received G.R.A.C.E. assistance? YES or NO
If YES, when? _____

What do you anticipate your needs for G.R.A.C.E. will be? Check all that apply.

Utilities Groceries Gas Medical bills Pharmacy
 Other (please specify) _____

Recipient Name (please print)

Date

Recipient Signature

OFFICE USE ONLY

		Comments/Notations:
Diagnosis verified	Date & Time	
Motion by Committee Member	Date & Time	
Second by Committee Member	Date & Time	
Third by Committee Member	Date & Time	