

Form to Request Financial Assistance

Wake County Sickle Cell Anemia Support Group Chapter, Inc.

Email address is wakecountysicklecell@gmail.com

Post Office Box 37612 Raleigh, NC 27627

Active member may apply for these funds. An active member is one who participates in at least 3 of the 6 yearly meetings. All funds are paid directly to the company, pharmacy, or agency. The support group's payment completes the balance on the account for rent or utilities that should not exceed \$400.00 during the year. It will not include any late fees for rent. Payment for medication should not exceed \$200.00. Funding for higher education should not exceed \$500. Contribution payments can be made for an active member for a special involvement project with sickle cell disease or in the community. The Executive Committee completes all transactions within seven days.

Please fill in the information for assistance. Date of Application _____, 20__

1. Name: _____ Address: _____
City: _____ State: _____ Zip code: _____
Telephone numbers – Home: _____ Cell: _____
2. Reason for the request of funds: _____
3. If not in your name, list the other name(s) on the account/lease:
Name: _____ Relationship to member: _____
4. Payment request for (circle one): rent, utilities, medication, education, or contribution
5. Amount requested: \$ _____ . _____
6. Name of Management/Property, Company, Pharmacy, or Agency:

7. Address of Management/Property, Company, Pharmacy, or Agency:
_____ City: _____ State: _____
Zip code: _____ Telephone: _____
8. Account number or Name on Prescription: _____
9. Date payment is/was due: _____
10. How is the payment to be made? Circle one: Online Money Order Check Phone
11. Contact person if rental/management company: _____

Give notification to Management/Agency for support group to seek information or make a payment.