



Client # _____
(Office use only)

APPLICATION FOR ASSISTANCE CHILDREN'S REMEDIAL FUND

1. Child/children needing assistance :

Name	Grade	Date of Birth	School

2.

Parent(s)/Guardian(s) Names

Address

Phone #

3.

Service	Requested Services <small>Please mark with ✓</small>	Child	Estimated Cost	Provider's Name
Eye Exam:				
Eye Glasses:				
Dental Exam:				
Dental Work:				
Prescription:				
Medical Treatment:				
Clothing: Tennis Shoes -----	-----	-----	-----	
Winter Outer Clothing				
Other:				

4. Do your children receive free/reduced lunch at school? * Yes _____ No _____

If the answer to question #4 is yes, skip to #6 **unless** there have been significant changes in your income.

*You must complete question 5 if you are applying for assistance through Owatonna Clinic-Mayo Health Systems.

5. Indicate source and amount of current income before deductions, such as taxes and social security. If you receive more than one check from any of these sources, please indicate the total amount received.

	Head of Household Weekly	Head of Household Monthly	Other (explain) Weekly	Other (explain) Monthly
Wages/Salary				
Social Security				
Public Assistance(Welfare)				
Unemployment				
Child Support(Alimony)				
Pension or Retirement				
Other				
TOTAL FAMILY INCOME				

THIS IS CONFIDENTIAL INFORMATION. Your signature allows us to communicate on your behalf with care providers from which you have requested assistance. Refusing permission to communicate with care providers will limit CRF's ability to assist you or your family.

Agencies you are allowing CRF to communicate with are the following:

You will be informed as soon as possible as to whether or not you can receive assistance from the CRF.

6. _____
Date form completed Signature of Parent/Guardian

Please return form to: Aracely Flores, Children's Remedial Fund
Owatonna Middle School
500 15th Street NE
Owatonna, MN 55060

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Date eligibility verified/ phone Signature of person verifying information

Date reviewed _____ Application approved _____ Application denied _____

Notes: _____