City of Wainwright

Donation Request
Medical Assistance

The City of Wainwright recognizes the needs of our community and has established a small fund to provide medical and funeral assistance for Wainwright residents. Because City funds are limited, the City must be the last resort for help – you must request assistance from other sources first. Qualification for this assistance is based on the guidelines set by the City Council to ensure that funds will be available when these urgent needs occur.

Medical Assistance

Assistance may cover travel, transportation, lodging or meals

Overnight	**$100**	Overnight travel
Short Term	**$250**	2 Days to 2 Weeks
Long Term	**$500**	Over 2 Weeks

Submit Request 1 Week before Date Needed

- One donation per fiscal year (July to June) ----- One donation per patient
- Must first request assistance from other sources such as the ASNA, Native Village of Wainwright, NSB, etc. and attach copy of notice of the approval or denial of this primary assistance.
- Must attach copy of appointment and travel schedule
- Must be a Wainwright resident – proof of residency and copy of ID must be provided

Name _____

Physical Address _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

Assistance Requested Medical ☐ Overnight $100.00 ☐ Short Term $250 ☐ Long Term $500

Reason for Request:: Emergency? ☐ Yes ☐ No Date Needed _____

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Other Financial Assistance Requested: Attach copies of approval/denial notices from Native Village of Wainwright, NSB, etc. _____

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_____

Date _____ >> **Submit Request 1 Week before Date Needed** <<

Name _____ **Signature**

OFFICE USE ONLY: Staff Received: _____ Council Approval: _____ Finance Review: _____

Approved_____ Amount: _____ Funding Source: _____