



ENEMY SWIM DISTRICT

13495 446th Ave.

P.O. BOX 15 WAUBAY SD 57273

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District E-Mail: esdcoordinator@itctel.com

Elderly E-Mail: esdellderly@itctel.com

GENERAL ASSISTANCE APPLICATION

ASSISTANCE IS BASED UPON FUNDS AVAILABLE

Name: _____ Date: _____

Address: _____

Phone #: _____ Enrollment #: _____

Email address: _____

_____ **EDUCATION:** Grade incentive/College Credits

_____ **MEDICAL APPOINTMENTS:** Must be in 1 week prior to appt. and copy of appt slip

Medicare _____ Medicaid _____ IHS Referral _____

_____ **MEDICAL EMERGENCY:** Is defined as a life and death situation as determined by the Executive Committee.

_____ **FUNERAL:** Deceased Must be a Member of the ESD.

Name/Relationship of deceased: _____

_____ **ELDERLY DISBURSEMENT**

_____ **YOUTH ACTIVITIES**

_____ **OTHER:** Must be approved by the Executive Committee

Applicant Signature: _____

FOR OFFICE USE ONLY

Incomplete: Date: _____ Complete: Date: _____

Executive Minutes of: _____

Denied, reason: _____

Approved, amount: _____ Check #: _____

Executive Signature: _____ Date: _____

All required documents MUST BE attached before application is complete.

No reimbursements, checks made to vendor

Not eligible for District assistance if you received energy assistance