

Lewis County

“Taking Care of Our Own”

We are very proud to offer assistance in your time of need. This program will not discriminate based on race, gender, religion, ethnicity, or income. ***However, all people who benefit from this organization must be current residents of Lewis County and must have proof of economic hardship due to major illness or disaster.** Money will be distributed to approved applicants in the form of gas cards, gift cards or direct payments to medical facilities.

Please take a few moments to fill out this application, attach the necessary documents and return it to Taking Care of Our Own at PO Box 155 Lyons Falls, NY 13368.

Name: _____

Phone Number: _____

Address: _____

E-mail Address: _____

Brief Explanation of your circumstances:

How can we help you (circle one please)? Gas Card Pay Toward Medical Bill or
Other _____

Have you applied for other assistant in Lewis County? _____ If so with who? _____

***By signing this document, you agree that all information provided is true to the best of your knowledge.**

Signature

Date

May we contact you for press releases Y or N

***Please attach valid documentation to support your explanation
(i.e. Current Medical Bills, Doctor’s Reference, Fire Report).**

***Please note that an official Certificate of Residency may be required in order to be eligible for the
benefits of this program.**

***Limits one application per person per year. Maximum 3 per family/household.**

Proud to support our community!