

SEMCIL

SE MN Center for Independent Living, Inc.

CARES Emergency Assistance Application

Name: _____ Date: _____

Address: _____ City: _____ State: _____

Phone number: _____

Do you identify as having a disability?

Expense description:

Amount of expense: _____

Vendor name: _____

Vendor Address: Street _____

City: _____ State: _____ Zip Code: _____

Vendor Phone Number: _____

Reason for expense and how the COVID-19 pandemic impacted need for assistance:

Have you checked with other agencies or funding sources to cover this expense?

If yes, which agencies or funding sources did you check into?

Has this expense already been covered by another source?

If yes, explain (county, emergency assistance)

SEMCIL

SE MN Center for Independent Living, Inc.

Eligibility Criteria:

- Must live in the SEMCIL service area (Olmsted, Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Rice, Steele, Wabasha, Winona counties).
- Person receiving funds must identify as having a disability.
- Expense must be a result of financial hardship caused by the COVID-19 pandemic.
- Must provide proof of bill or expense.
- Expense must not be covered by another resource.
- One application per household.
- Must not be an employee of SEMCIL.
- Applications accepted through 8/31/22 or until funds run out.

Complete and submit this application to: semcil@semcil.org. Assistance with completing the application is available by calling 507-285-1815.

Office use only:

Date received: _____ Reviewed by: _____

W-9 Received: _____ Expense Proof Received: _____

Approved _____ Not Approved _____

Reason not approved: _____
