

**APPLICATION  
KANSAS CARE & SHARE**

Reproduce this form as necessary.

Date: \_\_\_\_\_

Chapter Name: \_\_\_\_\_ Number: \_\_\_\_\_

Chapter Town: \_\_\_\_\_ District: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Member's Address: \_\_\_\_\_

Membership Date: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Children at Home: \_\_\_\_\_

Ages of Children: \_\_\_\_\_

Amount of Expected Expenses Monthly (Rent, Utilities, Food, Etc.) \_\_\_\_\_

\_\_\_\_\_

Suggested Amount of Assistance: \_\_\_\_\_

\_\_\_\_\_

Amount Covered by Insurance: \_\_\_\_\_

\_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

\_\_\_\_\_

Disaster Fund Aid (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chapter President's Signature

**Mail Three (3) Copies of this completed form to Kansas Care & Share Fund Chairperson**