

**APPLICATION  
KANSAS CARE & SHARE**

Reproduce this form as necessary

Date: \_\_\_\_\_ Chapter Name & Number: \_\_\_\_\_

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

President's Name, Phone & Email: \_\_\_\_\_

Chapter Contact Person's Name & full address for Info \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

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

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

Members Phone: \_\_\_\_\_ Members Email: \_\_\_\_\_

Membership Date: \_\_\_\_\_ Is there any Inactive Period in Kansas ESA & when: \_\_\_\_\_

Member's Employer's Name & Address: \_\_\_\_\_

Position & Approx Monthly salary: \_\_\_\_\_

Details of Situation & bills that assistance is needed with, (please feel free to copy items as needed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Spouse, Employment Position & Employer: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name of Insurance Company & Amount Covered by Insurance: \_\_\_\_\_

Other Important Info: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please add any supporting documents or info that would help:**

Chapter President's Signature: \_\_\_\_\_

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