

WEF Elderly and Disabled Assistance Application

2025

Please print

First name _____

Middle name _____

Last name _____

Address _____

City _____ State _____ Zip _____

Telephone number _____

Social Security Number _____

Medicare Number _____

State Medicaid Number _____

Driver's License or State ID # _____

Marital Status

____ Single

____ Separated, Divorced, Widowed

____ Married, living together

____ Married, living separately

I am applying for:

elderly aid _____

disabled aid _____

both _____

Please provide the following information, **even if separated, divorced, or widowed**:

Spouse's complete name: _____

Spouse's date of birth: _____

Spouse's date of death: _____

READ CAREFULLY and SIGN BELOW

Under penalty of perjury, I state that I have examined this entire application, and to the best of my knowledge, it is true, correct, and complete.

I give the *Women's Eleemosynary Foundation* permission to obtain necessary records, from any source, regarding any information used to complete this application.

I declare that I AM NOT related to any board member of WEF in any way, e.g. parent, grandparent, aunt, uncle, sibling, cousin, by blood or marriage.

Signature of Applicant

Applicant's Printed Name

Signature of Legal Guardian (if applicable)

Legal Guardian's Printed Name

Date

CURRENT LIVING ARRANGEMENTS

Own home (single family or mobile) _____

With a family member Monthly rent _____

Apartment or Condo Monthly rent or assessment _____

Retirement Community Monthly rent or assessment _____

Any subsidized assistance? Amount _____

Are you employed? _____

Hours worked per week _____ hourly wage _____

If you are no longer working, when did you retire? _____

FINANCIAL INFORMATION

What is your monthly income? If you do not have income from a source, please check "NA", for not applicable.

Social Security _____ N/A

Soc Sec Disability _____ N/A

Monthly Pensions _____ N/A

Veteran Benefits _____ N/A

Food Stamps/SNAP _____ N/A

Other state assistance _____ N/A

Withdrawals from IRA accounts or other investment accounts _____ N/A

Other _____ N/A

What are your monthly expenses?

Rent, mortgage, or assessment _____

House insurance _____

Utilities _____

Telephone _____

Transportation _____

Car payments _____

Car insurance _____

Gas, car repairs, etc _____

Food, household needs _____

Medical insurance _____

Medicare and supplement cost _____

Prescriptions/co-pays _____

Entertainment/travel _____

Help around the house _____

Other _____

Other _____

Other _____

Are you on Medicare? Part A _____ Part B _____ Part D _____
 Supplement expense _____

Private Non-government health insurance? Yes _____ No _____ Cost _____
 Private Non-Government prescription insurance? Yes _____ No _____ Cost _____

Are you on Medicaid? Yes _____ No _____

Please tell WEF about yourself.

Describe any medical conditions, and/or special circumstances that you would like WEF to consider in regarding your application and how such financial assistance would be helpful in resolving your situation. Please use another piece of paper if necessary.

If applying for disable help, please have your doctor fill out this information:

Doctor's name (please print):

Doctor's signature:

Doctor's phone number:

Doctor's NPI #:

Application must be postmarked by **June 30, 2025**

Mail to: WEF Elderly and Disabled
P.O. Box 128
Worth, Illinois 60482

Did you include:

- _____ all 6 pages of the completed application?
- _____ a copy of your driver's license or state ID?
- _____ a copy of your social security benefits letter?
- _____ a copy of any supporting information if you are on SNAP or other assistance program?
- _____ copies of any supporting information regarding your request for assistance, for example, a doctor's letter recommending a hearing aid?