RCVD: ____/____/____ Processor_______ Initials
☐Email ☐Fax ☐Telephone Intake

THE WINDMILL FUND APPLICATION

To Be Filled Out By Requester, Social Worker, or Medical Personnel

Submission Date _____/_____/_____ Hospital/Treatment Facility_______________________________

Applicant:______________________________ DOB:__________ County:______________
Mailing Address:____
Diagnosis: ________________ Date of Diagnosis: ___/___/___ Treating Physician______________
Social Worker/Medical Personnel:_______________________________________
Title:____
Phone: ______________ Fax: ______________ Email: ____________________

Please Circle Yes or No

Is Applicant:
U.S. citizen? ☐Yes ☐No Currently going through treatment? ☐Yes ☐No Currently employed? ☐Yes ☐No

Has Applicant:
Applied to The Windmill Fund within the past six (6) months? ☐Yes ☐No (if yes what date___________)
Received an Eviction or Disconnection Notice? ☐Yes ☐No

Assistance Requested: ☐ Utility_____________ ☐ Gas Card ☐ Children Supplies ☐ Mortgage/Rent (circle)
☐ Bus Pass ☐ Grocery Other ☐ Medical Supplies Total Amount **$ Requested** by Applicant ____________

Other:
Does Applicant Have Medical Insurance? ☐Yes ☐No

Applicant **Total** Monthly Income _____________*Copies of applicant's utility bills and/or rental agreement **must** be provided*
**we will not accept handwritten leases *only first and last pages of rental agreement are necessary* ________________

Why should this applicant be considered for a grant?_______________________________________
____

Social Worker/Medical Personnel Signature ______________________________ **Date** _____/_____/_____
Applicant Signature_______________________________________ **Date** _____/_____/_____

Is medical facility submitting application within the "open" dates (1st through the 7th of each month)? ☐Yes ☐No

Applications must be sent to swfli@secondwindforlife.org OR faxed to 1-855-898-3643

A Different Approach to Health Wholeness

M: 14503 Bammel N. Houston Rd., #220, Houston, TX 77014
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P: 281.444.1045
F: Toll-Free 1-855-898-3643
E: swfli@secondwindforlife.org
W: www.secondwindforlife.org