# **Assistance Request**



Farmer Angel Network offers a variety of assistance including one-on-one guidance, connection to local, state and national programs, education and financial aid.

Financial aid in the amount of \$200 is available for farmers, farm workers, farming families and agribusiness workers in Sauk County, Wisconsin and surrounding counties. Financial aid is limited to those residing in these counties, one time per year, and one request per address per year.

All applications are reviewed by the Farmer Angel Network Board. The Board reserves the right to determine the number of recipients to be funded and the amount that each recipient will receive. Each year's allocation will vary depending on Farmer Angel Network"s financial position. Due to the limited financial resources, all eligible applicants may not receive funding. Priority will be given to those eligible applicants demonstrating the greatest need as determined by the Board with the information available at the time the decision is made.

Please complete the below information to request assistance and send to <u>farmerangeInetwork@gmail.com</u>.

# Requestor Information

| First & Last Name           |   |
|-----------------------------|---|
| Email Address               |   |
| Phone Number                |   |
| Preferred Method of Contact | □Call □Text □Email                                |
| Relation to Nominee         | □Family □Friend □Neighbor □Other, please explain: |

## Nominee Information

| ne | First & Last Name |
|----|-------------------|
| SS | Email Address     |
| er | Phone Number      |

| Home Address  |   |
|---|---|
| County  | □ Sauk □Adams □Columbia □Dane □lowa □Juneau<br>□Richland □Vernon  |
| Mailing Address (if different than home address)                          |   |
| Preferred Method of Contact<br>(if known)                                 | oCall oText oEmail  |
| Relation to Agriculture   | □Farmer □Farm Worker □Farming Family □Agribusiness □Other, please explain:  |
| Type of Assistance Requested (check all that apply)                       | □Contact to discuss resources □Connect to local, state, national programs □Education, indicate topics of interest □Suicide prevention □Farming stressors □Mental health resources □Other, please explain: □Financial aid up to \$200 Please indicate amount requested: \$ And preferred type: □Check □Gas card □Grocery card □Gift card |
| Reason for Request (Please explain the situation. See example on page 3.) |   |

I understand that the information in this application will be used by Farmer Angel Network for the purpose of determining eligibility for assistance. I understand that Farmer Angel Network makes the final determination of eligibility and the amount of aid provided. Farmer Angel Network representatives will keep your information confidential.

| Applicant Signature |
|---------------------|
| Print Full Name     |
| Date                |

**Questions about this application?** Please contact farmerangelnetwork@gmail.

#### **Reason for request examples**

- Family supporting farm worker who is needing help traveling to appointments and to receive care for depression.
- Farmer's daughter, who helps run the farm, was involved in an accident and will be unable to help over the next two months.
- Farm owner has had several financial setbacks due to dairy market and drought.
- Farm wife struggling with post partum depression
- Farmer's high school son struggling with suicidal ideation

### For Farmer Angel Network completion:

| Is nominee a vet | eran? |
|------------------|-------|
| Date Received:   |       |
| Date Fulfilled:  |       |