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<input type="checkbox"/> Email	<input type="checkbox"/> Fax
<input type="checkbox"/> Telephone Intake	Initials _____

**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 [help@secondwindforlife.org](mailto:help@secondwindforlife.org) OR faxed to 1-855-898-3643

M: 14503 Bammel N. Houston Rd., #220, Houston, TX 77014

A: P.O. Box 682184, Houston, TX 77268-2184

P: 281.444.1045

F: Toll-Free 1-855-898-3643

E: [swfli@secondwindforlife.org](mailto:swfli@secondwindforlife.org)

W: [www.secondwindforlife.org](http://www.secondwindforlife.org)

*A Different Approach to Health Wholeness*