



Be Well My Friends (BWMF) specific purpose is to create and host unique fundraising events to raise money for people, organizations, and charities of Downriver that require financial assistance.

Anyone requesting financial support must complete this form to be eligible for BWMF's services. Please print clearly or type. Completed forms should be mailed to Be Well My Friends at 81 Chestnut St., Wyandotte, MI 48193 or emailed to financialsupport@bewellmyfriends.org. Please call (734) 530-1569 with any questions or concerns.

<b>Today's Date (MM/DD/YYYY):</b>		<b>ALL FIELDS ARE REQUIRED</b>			
<b>(IF DIFFERENT THAN DONATION RECIPIENT)</b>					
Last Name:	First Name:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one) Single / Mar / Div / Sep / Wid
Home Phone: (    )	Cell Phone: (    )	Email:		Can our administrative team text your cell phone? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred Contact Method: (multiple selections okay)			Birth date:	Age:	Sex:
Home Phone <input type="checkbox"/>	Cell Phone <input type="checkbox"/>	Email <input type="checkbox"/>	/ /		<input type="checkbox"/> M <input type="checkbox"/> F
Person in need of help is:			<input type="checkbox"/> Child <input type="checkbox"/> Adult		
Street Address/Apt.:		City:		State:	Zip:
Michigan County of Residence:	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Middle Eastern or Arab American <input type="checkbox"/> Native American or Other Pacific Islander <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Prefer Not to Answer				
Employment:					
<input type="checkbox"/> Employed- Employer Name _____					
<input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/>					
Student <input type="checkbox"/> Other _____					
Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No   Comments: _____					
<b>Financial support is based on the <b>total income</b> of all persons living in the household including alimony and child support. Total the total income reported on each individual(s) and/or joint filing Federal 1040 Form, add alimony and/or child support, and make a selection below. Copies of all Federal 1040 Forms, bank statements and other financial documents supporting your financial income may be requested from you. Medical bill invoices may be requested to support your outstanding medical debt. To determine eligibility for financial assistance, BWMF uses the Michigan ALICE Survival Budgets Annual Totals located at [<a href="https://www.unitedforalice.org/state-overview/Michigan">https://www.unitedforalice.org/state-overview/Michigan</a>], not the Federal Poverty Level.)</b>					
<input type="checkbox"/> \$0-\$10,000 <input type="checkbox"/> \$10,000-\$20,000 <input type="checkbox"/> \$20,000-\$30,000 <input type="checkbox"/> \$30,000-\$40,000 <input type="checkbox"/> \$40,000-\$50,000					
<input type="checkbox"/> \$50,000-\$60,000 <input type="checkbox"/> \$60,000-\$70,000 <input type="checkbox"/> \$70,000-\$80,000 <input type="checkbox"/> \$80,000-\$90,000 <input type="checkbox"/> \$90,000-\$100,000					
<input type="checkbox"/> Over \$100,000					
<b>REFERRAL INFORMATION</b>					
How did you hear about BWMF's services?					
<input type="checkbox"/> Facebook <input type="checkbox"/> Internet search <input type="checkbox"/> Social Media, which _____					
<input type="checkbox"/> Family Member, name _____					
<input type="checkbox"/> Friend, name _____					

Newspaper, which paper \_\_\_\_\_  
 Other \_\_\_\_\_

**DONATION RECIPIENT'S INFORMATION (IF DIFFERENT THAN APPLICANT'S)**

Donation recipient is same as applicant: Yes  No

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
 Mr.  Miss  Mrs.  Ms. Marital status (circle one)  
 Single / Mar / Div / Sep / Wid

Home Phone: ( ) ( ) Cell Phone: ( ) ( ) Email: \_\_\_\_\_ Can our administrative team text your cell phone?  
 Yes  No

Preferred Contact Method: (multiple selections okay) Birth date: / / Age: Sex: Person in need of help is:  
 Home Phone  Cell Phone  Email  Mail  / /  M  F Child  Adult

Street Address\Apt.: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Michigan County of Residence: \_\_\_\_\_ Race:  
 American Indian or Alaska Native  Asian  Black or African American  
 Hispanic or Latino  Middle Eastern or Arab American  
 Native American or Other Pacific Islander  White or Caucasian  Prefer Not to Answer

Employment:  
 Employed- Employer Name \_\_\_\_\_  Unemployed  Retired  Disabled  
 Student  Other \_\_\_\_\_

Veteran Status:  Yes  No Comments: \_\_\_\_\_

**ADDITIONAL FAMILY INFORMATION**

Total Number of People in Household:  
 \_\_\_\_\_ Children \_\_\_\_\_ Adults

List Names/Birthdates of Children Still Living in Home of Recipient:

Name _____ DOB ___/___/___ Sex ___	Name _____ DOB ___/___/___ Sex ___
Name _____ DOB ___/___/___ Sex ___	Name _____ DOB ___/___/___ Sex ___
Name _____ DOB ___/___/___ Sex ___	Name _____ DOB ___/___/___ Sex ___
Name _____ DOB ___/___/___ Sex ___	Name _____ DOB ___/___/___ Sex ___

**Please provide any additional information on your current needs:**

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

I certify that this information is true to the best of my knowledge, and I agree to the terms listed above as of the date indicated below. I understand that Be Well My Friends is a non-profit, community organization. Provision of services is subject to approval by the BWFM Board of Directors and may be discontinued at any time with or without notice. BWFM will contact me upon receipt of my completed application.

**Signature** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_