

Farmer/Rancher Medical Crisis Nomination Form

The foundation's board will review all applications and respectfully reserves the right to decline request for support.

Nominee Information

Date _____

Name _____

Address _____

City, State, ZIP _____

Phone _____

*When contacted, can a **message** be left at phone number given* Yes No I do not know

Email _____

Nominee's Medical Crisis *please circle* Accident Health related

Date of Medical Crisis (xx/xx/202x) month/day/year _____

Short explanation of medical crisis

What are immediate needs of the nominee

Does 50% of nominee's total income come from farming/ranching

(may be asked to provide proof) *please circle* Yes No

County and State the nominee farm/ranch operates _____

Name of Referring Person(s) _____

Phone _____

*When we contact you, can a **message** be left at phone number given* Yes No

Email _____

*Please check **one** option below:*

- ☐ I wish to remain anonymous
- ☐ I am OK with the nominee knowing I nominated them

Mail completed application to: Jim Meech Agri-Med Crisis Foundation Inc. * 2075 195th Street * Fort Scott, KS 66701