

# 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**

**Other than financial funds, what might be immediate needs of the nominee** (ie farm/ranch help)

**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 195<sup>th</sup> Street \* Fort Scott, KS 66701