

Andrew County Health Department

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ASSISTANCE REQUEST FORM

PERSONAL INFORMATION

Name: _____
Spouse: _____
Name of Participant: _____ Age: _____
Total # in Household: _____
Phone: _____ Date: _____

FAMILY DATA

Married Divorced Separated Widowed

Please List all Income:

Annual Income \$ _____ Spouse \$ _____ Other Annual Income \$ _____

ASSISTANCE REQUESTED FOR WHICH OF THE FOLLOWING

Soccer Football Volleyball T-Ball, Baseball, or Softball Swim Lessons
Wrestling Basketball Golf Tennis Cheerleading Dance/Gymnastics

These funds are not to exceed the cost of registration for the activity listed above. One application per child per year.

[] The information contained herein is correct to the best of our knowledge and belief. We understand that the Andrew County Health Department or the City Parks and Recreation reserve the right to request more paperwork in the future if deemed necessary.

Signature _____ Date _____

For Office Use Only:

Approved Denied Reduced Fee

Signature: _____ Date: _____

