

Advocates for Developmental Disabilities
APPLICATION FOR INDIVIDUAL NEEDS FUNDS
(Please Print)

Name of Individual: _____

Address: _____

Primary Diagnosis: _____

Have you checked with your County of Financial Responsibility for funding? Yes _____ No _____

Total Amount Requested: _____

Date funds are needed: _____

Check Payable to: _____

Address: _____

Describe how funds will be used: _____

By signing below, I agree that I have read the criteria for Advocates for Developmental Disabilities Individual Needs Fund and that the disability defined above is true and I (we) cannot financially afford the above listed request.

Parent/Guardian/Caregiver/Individual (please circle correct designation)

Date: _____ Telephone: _____

Return Application to:
Laurie Running, Director
109 West Rose; PO Box 84
Owatonna, MN 55060

For Park and Rec Requests Only:
Wendy Reller
540 West Hills Circle
Owatonna, MN 55060

Revised 2/10
Steele County