



Special Funds Application

Return this form to: Attention Special Funds • 927 Trettel Lane • Cloquet, MN 55720 • 218-879-1227

Date: _____ Referred by: Self Provider RBC Family Member

Eligibility: Fond du Lac Enrollment # _____

Name: _____ Phone: _____

Address: _____

DOB: _____ SSN: _____

Please explain why you think Special Funds should pay for this item/procedure/medicine (use back of page if necessary):

Send payment to (clinic, hospital, doctor, pharmacy, etc.):

Cost of procedure or item: \$ _____ (attach copy of bill(s) if available)

DISCLAIMER: By participating in the Special Funds Program you are agreeing to follow all applicable program rules and you are certifying that all of the information included in this application is accurate and true. In addition, you have exhausted all other payment sources (except for personal savings). You are aware that the Fond du Lac Reservation Business Committee reserves the right to review your information in order to determine eligibility. Failure to follow program policies and procedures may result in your immediate removal from participation in the program.

Special Funds requests are limited to \$1,500 per calendar year with a lifetime limit of \$15,000.

I have read and understand the above statements and attest that the information provided on this form is true and correct.

Applicant Signature

Office Use Only

Chart # _____ Approved: Yes No Restrictions: _____

Medical Social Worker Review: Yes No N/A TC Date: _____

Denied PRC eligibility: Current Fund Status: _____

Date notification sent to client: _____

Human Services Division Authorization _____ Date: _____