GB21 MEDICAL ALERT DEVICE SUBSIDY APPLICATION

APPLICANT NAME:_____

APPLICANT BIRTHDATE:_____

MAILING ADDRESS:_____POSTAL CODE:_____

RURAL ADDRESS:_____

EMAIL:_____

PHONE NUMBER:_____

APPLICATION DATE:_____

This Program provides a subsidy of up to $400 annually to Saddle Hills County senior residents to help offset the costs of Medical Alert Devices.

By signing below, the Applicant acknowledges that:

i. they are a senior (65 years +) resident of Saddle Hills County;
ii. one application form is to be submitted by January 31st;
iii. receipts for a medical alert device and/or subscription fees from the previous calendar year must be attached;
iv. subsidy payments will be made following the application deadline of January 31 annually;
v. they have read and understand Saddle Hills County Policy GB21 Medical Alert Device Program.

Please include all receipts related to this claim

_____
Applicant Signature