NAMI Kenosha County

National Alliance on Mental Illness

NAMI Kenosha County Financial Assistance Request

Today's Date: _____

I, _____ am requesting $_____ for the use of _____.
(First Name Last Name) (amount) (reason)

My employment status is: (check all that apply)

___ Employed at _____ since _____

___ Unemployed

___ Looking for work

___ Looking for work with help from the Kenosha County Job Center

___ Enrolled with the Department of Vocational Rehabilitation
https://dwd.wisconsin.gov/dvr/referral/

Other places I have sought or have received funding:

_____

_____

_____

_____

Please know:

- All requests are at the discretion of the NAMI Kenosha Board Members.
- Funding is limited to $200 per individual, per quarter.
- You are encouraged to attend NAMI Kenosha support sessions.
- You are encouraged to volunteer with NAMI Kenosha when available.

NAMI KENOSHA COUNTY Decision: