

Service Fund Application

Instructions

Organizations please complete Section 1 only.

Deaf and Hard of Hearing people please complete Section 2 only.

Send completed form as indicated below **two weeks prior to the event.**

For more information about Service Fund Requirements visit the [Service Fund Website](http://www.dhs.wisconsin.gov/odhh/ServiceFund)
(<http://www.dhs.wisconsin.gov/odhh/ServiceFund>).

Section 1 – Organizations or agencies

Applicant's full name: _____

Agency/organization name: _____

If affiliated with parent organization – list name: _____

Address – Street: _____

City: _____ State: _____ ZIP code: _____

Phone number: _____ Email: _____

List service(s) your agency/organization provides:

Reason you are requesting financial assistance:

Financial structure of your organization (i.e., justification of an undue hardship):

List brief description of service you are providing to the deaf or hard of hearing consumer(s):

Service(s) being provided: _____

Date: _____ Time: _____ Location: _____

Type of service you are requesting (e.g., two interpreters for eight hours):

Cost estimate for the service: _____

Section 2 – Deaf and hard of hearing consumers

Applicant's full name: _____

Applicant's phone number: _____ Applicant's email: _____

Reason for interpreter/CART/SSP: _____

Date: _____ Time: _____ Location: _____

Information contained in email messages may be privileged and confidential. There is some risk that any information in an email you send may be disclosed to, or intercepted by, unauthorized third parties. By agreeing to allow the use of email as a method of communication to WI DHS, this indicates that you acknowledge and accept the possible risks associated with such communication.

Submitting the application

After completing the application, save the file and submit it using one of the following methods:

Email (preferred)

Steve Smart

Email: steven.smart@dhs.wisconsin.gov

Fax

608-224-5754

Mail

Department of Health Services
Office for the Deaf and Hard of Hearing
c/o Service Fund
PO Box 2659
Madison, WI 53701-2659