

## Applications

I \_\_\_\_\_ understand that the completion of this application does not guarantee that I will receive assistance from Rescuing Health. I understand that Rescuing Health will review my application to decide how to best help me. I understand that Rescuing Health might refer me to another non-profit or to a social worker that could better serve my needs. I understand that the board of trustees of Rescuing Health consults with physicians at an advisory level to determine how to best help each applicant.

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Signature

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Witness

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Date

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Date