



**FARMERS
BRANCH**

The Branch Connection
Membership Fee Assistance

Participant's Information:

Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ Apt. #: _____

Daytime phone: _____ Email: _____

Financial Information:

As an attachment, please confirm that the participant being helped is in need of financial assistance and would otherwise not be able to participate at The Branch Connect. Provide a copy of letter(s) pertaining to Medicaid, SNAP food benefits or TANIF.

Signature of PARD Representative Date

Signature indicates you understand this is a request and purchases should not be made in advance.
Upon approval, each recipient is allotted up to \$25.00 per calendar year.
Reimbursements DO NOT include sales tax.

PARD Approval: _____ Date _____

Manager's Approval _____ Date _____