

## SUZANNE JACOBSON MEMORIAL FUND

Suzanne Jacobson spent her adult life involved in the healing arts. She began her healthcare career as a registered nurse. Through the encouragement of her family and peers, she became a physician's assistant. During her life she positively impacted the lives of many people through her care, concern and professionalism.



Suzanne lost a long battle with cancer in 1998. Her family and friends have established the Suzanne Jacobson Memorial Fund (SJMF) as a way to continue her caring by helping people facing major medical financial stresses.

Funds of up to \$500 per year are available to individuals or families meeting fund criteria.

Applications are available through the Prairie Lakes Healthcare Foundation office, at [www.prairielakes.com](http://www.prairielakes.com) or ask your physician for an application form.

For more information, please call the Prairie Lakes Healthcare Foundation at 605-882-7631.

*"I have lung and brain cancer and recently went on dialysis. The SJMF Fund sent a check to my landlord so my rent was paid. I really appreciate the help."*

From a grateful SJMF  
Grant Recipient

## SUZANNE JACOBSON MEMORIAL FUND



YOUR HEALTH : OUR MISSION

[prairielakes.com](http://prairielakes.com) • 605.882.7000  
401 9<sup>th</sup> Ave. NW, Watertown SD 57201

Foundation • 605.882.7631



## WHO SHOULD APPLY?

Whenever an individual or family experiences a lengthy or unexpected illness, medical bills can seem overwhelming. The Suzanne Jacobson Memorial Fund (SJMF) can assist by providing funds to cover medical bills, costs of medications, travel costs related to medical care, groceries, utilities or rent. Funds are paid directly to the company, not the applicant.

## WHAT CRITERIA DOES THE COMMITTEE USE?

Grants are based on the applicant's financial need and are awarded to those experiencing a **life-threatening illness** who either live in Prairie Lakes' service area or receive care locally. Each applicant is asked to fill out the simple financial form within this brochure, which is required by law. This will include information on the number of family members, total family income, expenses and other sources for financial assistance.

## NOTIFICATION OF ACCEPTANCE

Applications are reviewed by members of the SJMF Committee on a monthly basis, unless otherwise deemed urgent. Incomplete applications will be returned to the applicant. All applications are kept in the strictest confidence.

Notification of acceptance or denial of funds will be sent out following the SJMF Committee meeting.

In special circumstances, those familiar with a friend's or family's circumstance may make a request on behalf of another individual. In those cases, the Foundation Director will contact the mentioned person directly regarding interest in applying for a SJMF grant.

## FUNDING FOR THE GRANTS

Each year during the first full week in June, Yellow Rose Week is held in Watertown and surrounding communities to raise money for the SJMF. Volunteers work diligently to sell yellow roses so grants may continue to be provided to needy individuals. Any and all help is greatly appreciated! Each year we grant approximately \$18,000 to SJMF recipients.

If you would like to volunteer during Yellow Rose Week, please contact the Prairie Lakes Healthcare Foundation office at 882-7631.

## PRAIRIE LAKES HEALTHCARE FOUNDATION

### Suzanne Jacobson Memorial Fund Application

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

Treatment Location \_\_\_\_\_

\*Statement of Need: Please provide a written paragraph on a separate sheet of paper as to why the applicant is in need of a SJMF grant.

Number of Adults in Household \_\_\_\_\_

Number of Children in Household \_\_\_\_\_ Ages \_\_\_\_\_

#### ASSETS:

Do you have money in the following:

Checking Account \$ \_\_\_\_\_

Savings Account \$ \_\_\_\_\_

Stocks/Bonds/Investments (value) \$ \_\_\_\_\_

Other assets \$ \_\_\_\_\_

#### MONTHLY INCOME:

Employer Name \_\_\_\_\_

Spouse's Employer \_\_\_\_\_

#### MONTHLY TAKE-HOME INCOME:

Applicant Income \$ \_\_\_\_\_

Spouse's Income/ Social Security \$ \_\_\_\_\_

State Government Benefits \$ \_\_\_\_\_

Food Stamps/TANF \$ \_\_\_\_\_

Retirement Income \$ \_\_\_\_\_

Veteran's Benefits \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

**\*DO NOT forget to attach a separate sheet of paper which includes a written paragraph as to why the applicant is in need of a SJMF grant.**

#### MONTHLY EXPENSES

Rent \$ \_\_\_\_\_

Mortgage \$ \_\_\_\_\_

Food/Groceries \$ \_\_\_\_\_

Credit Card Payment \$ \_\_\_\_\_

Car Payment \$ \_\_\_\_\_

#### Utilities

Gas/Electricity/Water \$ \_\_\_\_\_

Phone/Cell phone/Internet \$ \_\_\_\_\_

Gasoline/Transportation \$ \_\_\_\_\_

#### Medical Expenses

Doctor/Hospital Payments \$ \_\_\_\_\_

Applicant's Medications \$ \_\_\_\_\_

Spouse's Medications \$ \_\_\_\_\_

#### Insurance

Medical \$ \_\_\_\_\_

Life (Term or Whole) \$ \_\_\_\_\_

Auto \$ \_\_\_\_\_

Homeowner's/Renter's \$ \_\_\_\_\_

Other (Please List) \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Expenses** \$ \_\_\_\_\_

Please specify where the funds are needed and the amount of funds needed. Include the name of the company where the funds should be directed (include name, address and phone number of the company).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By submitting this application, the applicant guarantees its accuracy and truth with the intent that it is relied upon by the SJMF Committee in considering assistance to the undersigned. The applicant's signature also serves as a Release of Information should additional information be needed.

Signature \_\_\_\_\_

Date \_\_\_\_\_