



WILDFIRE RELIEF FUND

The WRCA Foundation provides financial assistance to working ranchers and cowboys who are suffering significant hardships. The Wildfire Relief Fund is in place to specifically address the needs that arise from wildfire disasters.

Funding consideration may be given to the owner, full-time employee or day worker of a working ranch.

To apply for assistance, please complete the application below and a representative will contact you. If necessary, you can contact us by telephone at 806.374.WRCA (9722) OR by email at kaycee@wrca.org.

NOTE: WRCF is set up to provide immediate assistance related to qualified applicants and their immediate family's needs. Membership is NOT required to apply/receive assistance.

Person requiring assistance:

Contact Information:

Name _____

Ranch Name _____

Physical Address _____

_____ County: _____

Email _____

Phone # (home) _____ (cell) _____

Age: _____

Check all that apply:

- Ranch owner
- Full-time ranch employee
- Dayworker or self-employed
- Other _____

Are you/they a member of WRCA? _____ (not required)
If Yes, card# _____

Person completing this application (if different than above):

Contact Information:

Name _____

Address _____

Email _____

Phone # (home) _____ (cell) _____

Are you Immediate Family? _____
If NO, relationship to person requiring assistance: _____

1. How did you hear about the Wildfire Relief Fund?

2. Explain the specifics of how you were affected by the wildfire. (For example – loss of structures like homes/barns, loss of livestock/horses, loss of tack, loss of equipment, loss of fencing/corrals, acres burned) Provide quantities where available.

3. What are your **immediate needs**? Indicate dollar figures and provide explanation as possible below.

- \$ _____ Housing/utilities
- \$ _____ Livestock & horse feed/hay
- \$ _____ Tack
- \$ _____ Equipment
- \$ _____ Other

Explain:

4. What do you estimate will be your **longer-term needs**? Indicate dollar figures and provide explanation as possible below.

- \$_____ Housing/utilities
- \$_____ Livestock or horse feed/hay
- \$_____ Tack
- \$_____ Equipment
- \$_____ Fencing / Corrals
- \$_____ Other

Explain:

5. What other entities are providing financial assistance or other support?
(For example: government agencies, fundraisers, non-profits, employer, family, church)

6. Please list all types of assistance received and any deductibles. Such as: Insurance, Veteran Benefits, and Medicaid.

8. If full time ranch employee, please identify current employer or last ranch employer. (If dayworker, provide ranches and contacts)

Ranch Name: _____

Contact Name: _____

Address: _____

Email: _____

Phone# _____

How long do you estimate being unable to work? _____

What will you be doing during the recovery period? _____

9. Is there other household income, such as spouse?

Do they have insurance? _____

10. What percentage of household income is from **ranching/cowboy wages** and/or what portion is from other income, such as spouse or side job? Please identify:

11. If medical needs, indicate primary care doctor and treatment facility if necessary.

Primary Care Doctor

Treatment Facility

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Email: _____ Email: _____

12. Provide any other information you feel would be helpful in the evaluation of this application.

I verify that the above information is true and accurate to the best of my knowledge.

Signature (parent if minor) _____ **Date** _____

****Application must be signed and dated****

Note: To help other working ranch cowboys and their families we may share your story publicly.

Please mail application to:

WRCA Foundation
408 SW 7th Ave
Amarillo, TX 79101

Or fax to: (806) 374-9724

Or by email to: Kayce Hooper at kaycee@wrca.org

Questions can be directed to Kayce Hooper at 806.374.WRCA (9722)