



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 cattle ranch.

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

NOTE: WRCA 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.

****INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED****

Person requiring assistance:

Contact Information:

Name _____

Ranch Name _____

Mailing Address _____

Physical Address _____ County: _____

Email _____

Phone # (home) _____ (cell) _____

Age: _____

Check all that apply and **provide adequate information.**

_____ Full-time ranch employee

_____ Dayworker or self-employed

_____ Own and/or Lease - (Please specify and explain what portion was impacted by wildfires).

Person completing this application (if different than above):

Contact Information:

Name _____

Address _____

Email _____

Phone # (home) _____ (cell) _____

Are you Immediate Family? _____, 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. Provide quantities and/or percentage where available.

3. What is **your specific request for assistance**? This information will allow us to evaluate your need(s) and best understand your immediate need. Please provide dollar amounts and explain in specific detail.

4. What do you estimate will be your **Longer-Term Needs**? Indicate dollar figures and provide explanation below.

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

Explain:

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

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

7. Have you applied and/or received any assistance?
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. 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: _____

11. 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)