



**MIDWEST MUSIC
FOUNDATION**
MUSIC HAPPENS HERE



P.O. Box 45094 • Kansas City, MO 64171 • www.midwestmusicfound.org

healthcare@apocalypsemeow.net • www.apocalypsemeow.net

Application for the Midwest Music Foundation's Apocalypse Meow Musicians Health Care Fund

This application will determine if a Musician is eligible for the Midwest Music Foundation's (MMF) Apocalypse Meow Musicians Health Care Fund. All applications will be reviewed by the Board of the MMF. Sensitive information will be kept on file and used expressly for the purpose of determining eligibility. Please email the MMF to set up an appointment for an interview. Applicants who are not performers but engage in other aspects of the musical arts community (Sound Engineers, Venue Employees) are also encouraged to apply. Other resources may be available to Musicians who do not meet all criteria.

Funds are dispensed on a case by case basis.

ELIGIBILITY	DOCUMENTATION
Must reside in Kansas City or surrounding areas	Proof of Residency (valid Driver's License, Utility Bill)
Must provide three references who will be contacted	Names, business addresses, and phone numbers must be provided to validate applicant is a working musician.
Must currently be employed or have been employed in the last 12 months as a Musician and have the ability to document the employment	Proof of employment (check stubs, fliers, news articles, liner notes)
Must currently not have Health Insurance or access to Health Insurance at less than 10% of gross income	
Must not have Health Insurance for three months prior to application	

APPLICATION:

First Name: _____ Last Name: _____ MI _____
DOB: ____/____/____ Age: ____ SSN: ____-____-____ Gender: Male Female
Residential Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Phone: _____ Cell Phone: _____
Best Time To Call: _____
Email Address: _____

Are you a Kansas City resident? If not, do you live in the surrounding area?
May we contact you as the MMF? Do you have health insurance?

Have you had health insurance in the previous three months?
Does your spouse have health insurance?

Name: _____ DOB: ____/____/____

Do your children have health insurance?

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

Name: _____ DOB: ____/____/____

As a Kansas City area Musician, describe what you do and please provide supplemental documentation:

Music Job History:

Employer/Band	Dates	Position/Instrument
1)		
2)		
3)		

Please provide three music entertainment references:

Name	Relationship	Business/Location	Email	Phone
1)				
2)				
3)				

Gross Income: \$ _____ Weekly Bi-Weekly Monthly Yearly

Family Size: _____

Please state how much you are applying for and how you plan to use the funds:

All information provided is correct and accurate to the best of my knowledge.

Signature: _____ Date: _____