



COSMOPOLITAN CLUB
OF
COUNCIL BLUFFS

Council Bluffs Cosmopolitan Club Diabetic Alert Dog Grant Request

Applicant Information:

Last Name: _____ First Name: _____

Street _____ City: _____

State: _____ Zip Code: _____

Date of Birth: __ / __ / __ Primary Phone # (____) _____

of People in Household: _____ # Diabetics in Household: _____

Adults: _____ Ages: _____ Diabetes Type: _____

Children: _____ Ages: _____ Diabetes Type: _____

Pets: Y / N Dogs: _____ Cats: _____

Currently Taking Insulin? Yes _____ No _____

Primary Physician: _____

Family Annual Income: Less than \$25,000 _____

More than \$50,000 _____

More than \$100,000 _____

More than \$150,000 _____

Number Years as A Diabetic: _____

Signature _____ Date _____