



## Individual Grant / Family Assistance Form

### Individual / Family In Need

Name (as it should appear on a check): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Referring Agency

Name (please provide name of agency contact person, if applicable): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Why is This Individual / Family in Need of a Grant?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Assistance / Specific Need

**BILL PAYMENT:**  Yes  No  
 Type \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 (please provide a copy of the "bill" to be paid)

**FOOD / GROCERIES:**  Yes  No  
 Amount \$ \_\_\_\_\_

**PHARMACY / MEDICATIONS:**  Yes  No  
 Amount \$ \_\_\_\_\_

**GIFT CARD:**  Yes  No  
 Amount \$ \_\_\_\_\_

**OTHER:**  Yes  No  
 Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

### Person Completing This Form

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_