



# ALIVE! Family Assistance Referral Form

Tel: 703-549-3692 Fax: 703-549-3693

Please email this form & back-up documents to "FamilyAssistance@alive-inc.org"

**For Financial Requests the Maximum Amount is \$750**

**MUST BE FILLED OUT BY A CASE WORKER**

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

Client Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Address (incl. Apt #): \_\_\_\_\_ ZIP: \_\_\_\_\_

Property Name: \_\_\_\_\_ Client Tel: \_\_\_\_\_ CaseWorker: \_\_\_\_\_

Agency: \_\_\_\_\_ C/W Tel: \_\_\_\_\_ C/W Email: \_\_\_\_\_

Full Name	Relation	Year of Birth	Gender	Ethnicity	Income \$/Mo.	SNAP	TANF	Receive Medicaid?	Other Assist Receiving
Client	Self								

Client:	Veteran?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Single Parent?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
---------	----------	------------------------------	-----------------------------	-----------	------------------------------	-----------------------------	----------------	------------------------------	-----------------------------	-----------	------------------------------	-----------------------------

### Type Of Assistance Requested:

<input type="checkbox"/>	Food:	Number of Adults:	_____	Number of Children:	_____	Total:	_____
--------------------------	-------	-------------------	-------	---------------------	-------	--------	-------

**Note: Include Dietary Restrictions and Preferences on the continuation page**

<input type="checkbox"/>	Rent	<input type="checkbox"/>	Security Deposit	Total Balance Owed:\$	Total Requested:	\$
Payee:				_____		
Payee Tel:				Tenant Name:		
Has Client Received a 5-Day Notice? Yes <input type="checkbox"/>				No: <input type="checkbox"/>		
Has Client Received an Eviction Notice? Yes <input type="checkbox"/>				Date: _____ No <input type="checkbox"/>		
If amount requested is less than amount due, please specify who is providing the additional funds below:						
_____						

**Note: Include copy of 1<sup>st</sup> Page of Lease Agreement and Most Updated Rent Ledger**

<input type="checkbox"/>	Utility Type:	Amount:	\$
Name on Bill:		Account Number:	
Payee:			
_____			

**Note: Include copy of utility bill**

<input type="checkbox"/>	Other (Specify):	Amount:	\$
Name on Bill:		Account Number:	
Payee:			
_____			

**Note: Include copy of the bill**

# ALIVE! Family Assistance Referral Form Continuation Page

**Clients can receive up to \$750 for each semester (July-December & January-June)**

For Furniture, email "Furniture@alive-inc.org". For Housewares, email "Housewares@alive-inc.org".

## Amplifying Information- Use the box below to provide more detail about your client including:

---- For Food Referrals, please include the names & demographics of all intended recipients. Are there any Dietary Restrictions, Food Allergies and Preferences? **Client can receive food deliveries twice a month.**

---- For Rent Referrals, please note if the client is facing financial hardship due to job loss, illness or if there is any urgency for this referral and what other partners they are working with -If known.

---- If bill, invoice or lease is not in the name of the client, please describe relationship.

---- If Client's household exceeds space on Page 1, please list additional members & phone numbers here.

---- If "Other" purpose was selected on Page 1, provide description and include back-up documents.

### Office Use Only:

Volunteer:	Carded Date:	Computer Entry:
Eligibility Check Completed by:		If food, # of Bags Packed:
Notes:		