



ALIVE! Family Assistance Referral Form (Rev. May 2024)

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

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	Sex	Ethnicity	Foreign Born	Income \$/Mo.	SNAP	TANF	Other Assist Receiving
Client	Self								

Note: A child must be under 18 years of age.

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"/>
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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 Lease Agreement and Most Updated 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:	

ALIVE! Family Assistance Referral Form Continuation Page (Rev. May 2024)

Amplifying Information

---- For Food Referrals, please include the names & demographics of all intended recipients. Are there any Dietary Restrictions and Preferences?

---- 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 above, provide description and include back-up documents.

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

Office Use Only:

Volunteer:	Carded Date:	Computer Entry:	If food, # Bags Packed:
Eligibility Check Completed:			
New Client: Yes <input type="checkbox"/> No <input type="checkbox"/>	Returning Client: Yes <input type="checkbox"/> Last date of assistance:		
Status: Approved: <input type="checkbox"/> Denied: <input type="checkbox"/>			
Notes:			