



Assistance Request Form

DATE: _____

PERSON REQUESTING:

Full Name: _____

- Please fill out as much of the following contact information as possible:

Phone Number : _____

Email : _____

Address (currently living) : _____

Who referred you to our agency? : _____

HOW CAN WE HELP? (Please circle YES or NO for each of the following services)

YES / NO	<p>Are you in need of FOOD assistance? If YES, please check all that apply: <input type="checkbox"/> I am in need of personal food assistance. <input type="checkbox"/> My child/children would benefit from being put on the BackPack Buddies program at their school (ONLY if child is enrolled in an Alabaster City School, Pelham City School, or Shelby County School.) If yes, please fill out the following information: Child/Children's Name(s): _____ School(s) Attending: _____</p>
YES / NO	Do you need HYGIENE PRODUCT assistance?
YES / NO	Do you need SANITARY PRODUCT assistance?
YES / NO	<p>Do you need DIAPER assistance? If YES, please fill out the following: Your First & Last Name: _____ Your Relation to Baby: _____ Your D.O.B (not baby's): _____ Zip Code: _____ Diaper Size(s): _____</p>
YES / NO	<p>Do you need PARENTING SUPPORT? If YES, please check all that apply: <input type="checkbox"/> Dad / Male Guardian <input type="checkbox"/> Mom / Female Guardian</p>
YES / NO	<p>Do you need COUNSELING? <i>(VFS currently provides counseling for ages 12-18, but we can refer you to counseling for any age.)</i> If YES, please check all that apply: <input type="checkbox"/> Child (ages 11 & under) <input type="checkbox"/> Child (ages 12-18) <input type="checkbox"/> Adult</p>
YES / NO	Would you like your child to be placed in our MENTORING PROGRAM?
YES / NO	Do you need SUBSTANCE ABUSE support? <i>(VFS can refer for substance abuse support.)</i>
YES / NO	<p>Is there any other need or resource you need help with? If YES, please specify: _____ _____</p>