

Application for Assistance

Information about person/family/organization needing assistance

Name	
Address	
Phone #	
Email Address	
School(s)	
children	
attend	
	of Circumstances prompting this request for assistance (i.e., health/medical, financial apport network, personal tragedy, community necessity, etc.). Please provide specifics.
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How will the requested assistance address the circumstances? (Be specific.)

<u>Assistance requested/received from other sources (if any)</u> (e.g. charity, foundation, community group, school, house of worship/religious organization)

Source	Assistance requested	Assistance promised/received

Additional Information

Please use this space to tell us anything else you think we should know about this situation.

Confidentiality/Annonymity

All requests are kept strictly confidential.

Bay Ridge Cares does need to, on occasion, publicize requests in order to solicit donations for a specific need. We also publicize some of our efforts so that donors and sponsors can see how their contributions are helping the community.

Permission to Publicize Effort/Assistance

Do you grant Bay Ridge Cares permission to publicize any assistance given to meet this request, including the use of names, photos, images, and likenesses for use on websites, social media, newsletters, media materials, and other forms of communication?

Yes	
No	
Yes with the following	
restrictions:	

Signature of person filling out this application

Date

<u>If you are filling this form out on someone else's behalf</u> please indicate your relationship to the person or organization in need of help and provide a phone # and email address where you may be reached.