

Attention: Helping Coordinator, empty tomb, inc.

356-2344(fax) 356-2262(phone)

empty tomb, inc. may be able to help when all other resources have been tried.

Please respond to each question of this form to make your request. Attach any related documentation.

Person Making a Helping Referral: Please print

•Name and Title of Referring Person: _____
•Organization: _____ • Phone #: _____ ext _____

Person(s) Being Referred: For Helping Referral and/or Senior Referrals, list all adults in the household; use additional paper if necessary.

• Name: _____ • Date of Birth: ____/____/____
• Name: _____ • Date of Birth: ____/____/____
• Address: _____ Apt # _____ City _____ Zip _____
• Phone #: (____) _____ (Home/Message) • Phone #: (____) _____ (Work/Cell)
• Ages of children in the household: _____
• Does this family need a food referral at this time? Yes No

Please answer the following questions. Please print. Please do not use abbreviations.

• Describe the situation of the person/family. What is the need? _____

• What organizations/sources have you/the person contacted for assistance with this situation. What happened? _____

• What is your request for action from empty tomb? _____

• To whom should the check be written: Name: _____
Address: Street: _____ City: _____ ST _____ Zip _____
• How much can the organization/source/individual/family contribute to this cost? _____
• How much money are you requesting? _____
• When does the individual/family need the assistance by? _____
• How will this person's situation be changed if we assist? _____

• What is the longer-term solution? _____

Please check each box to indicate requested documents are attached.

Include a copy of the current bill. For rent payment requests, include a copy of the current lease.
 If not indicated on the bill, include documentation showing the current balance that is owed by the patient/client. In the case of a rent payment balance, the documentation must be provided by the landlord. Your financial request to empty tomb should be the completing portion towards paying the entire, current balance of a bill or rent.

Signed: _____

Date: ____/____/____