



ASSISTANCE REQUEST FORM

Name of Person or Family in Need:	
Address of Person or Family in Need:	
Your Name (can be same as above)	
Email Address:	
Phone Number:	

DESCRIBE PERSON'S / FAMILY'S SITUATION (*family status, illness, employment status, etc.*):

SPECIFIC NEEDS (*e.g., rent, gasoline, food, heating oil, etc.*) and STEPS THAT HAVE ALREADY BEEN TAKEN (if any) (*e.g., GoFund Me page, help from another organization, etc.*)

REFERENCES (if available): Please provide name and number of others that we can speak to on this situation.

Name	Phone Number

This form can be mailed or email as follows:

The Cactus Jack Foundation
 PO Box 145 - Waterford, CT 06385

Email: info@cactusjackfoundation.org
 Website: www.cactusjackfoundation.org