

## Helping Hands Foundation of Surry County, Inc. Request for Assistance Form

Please complete this form to the best of your ability to request assistance from Helping Hands Foundation of Surry County. In the event of a natural disaster, you will be approved immediately as long as there is proof to show that a natural disaster has occurred. *Please fill in as much information as possible.*

Date Applied: \_\_\_\_\_ ID: \_\_\_\_\_ (Office Use ONLY)

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Family Information

#### Adult(s)

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Employed: \_\_\_

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Employed: \_\_\_

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

#### Children

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

**Family Needs (Check all that apply)**

- Clothes     Toiletries     Food     Job Search     Household Goods
- Housing Assistance     Utility Bill Support     Other

List Specifics/Details Below

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**Utility Bill Assistance**

- Re-Connect     Connection

Amount Due: \$ \_\_\_\_\_ Disconnect Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company: \_\_\_\_\_ Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Comments:

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**Living Conditions (Check all that apply)**

- Homeless     Living with relative/friend     Renting     Own your own home

Comments:

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**Medical Issues (If any, list below)**

- Disability    Name: \_\_\_\_\_    Draws: \$ \_\_\_\_/Month
- Disability    Name: \_\_\_\_\_    Draws: \$ \_\_\_\_/Month

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**Reason For Request Of Assistance**    Currently Using Food Stamps: Yes    No    \$ \_\_\_\_/Month

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**Proof of Identification**

Please attach a COPY of a Driver's License, Photo ID, Passport, or other legal proof of identification. Also, proof of any and all income for each individual within the family is required; check stub is

preferable. This includes unemployment & disability checks. If you are completing this on someone's behalf, please attach their proof of identification and proof of income.

I am aware of the fact that Helping Hands Foundation of Surry County, Inc. may or may not assist me or my family within 60 days of the last time we were assisted unless an emergency was to occur such as; house fire, flooding, tornado/storm damage, or other situations that is deemed worthy by the Executive Director.

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature for Approval  
Director: Nicholas Cooke

Date: \_\_\_\_\_

