|  |  |
| --- | --- |
| 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