



Kent's Heart & Hope Foundation
HEART'S RELIEF REQUEST FORM

Name of Person in Need: Email:

Department/Agency: Title/Position:

Years of Service: Birth Date: Is person a full-time paid employee? YES/NO

Office Phone: Mobile Phone: Other Phone:

Beneficiary Name (Spouse/Parent): Email:

Address: City: St: Zip:

Home Phone: Mobile Phone: Other Phone:

Benefit Check Payable To: Relationship to Beneficiary:

Has sick/leave/comp time been exhausted for this illness/need? Yes No: If no, why?

Dependents: (other than spouse) Birth Date(s):

Reason for special needs:

Dollar Amount Requested: \$

Please attach any supporting documentation to support the request.

Print Name:

Your signature: Date:

DISCLAIMER: By signing, you agree that all information provided is true and accurate; you agree that additional information, some that might contain personal information, may be needed. Application submittal does not guarantee approval.

All information provided will remain confidential – no information will be shared without your written consent.

EMAIL TO: KentsHeartandHope@gmail.com To verify your application was received, call: 520.245.0242

(To be completed by Heart & Hope Committee)

Received: Date: Mail: PDF: Web Online:

Approved: Date: Check#: SENT: Amount: