



MAPS Charities

14320 Ventura Blvd., #331
Sherman Oaks, CA 91423
FAX: 661-296-6732

REQUEST FOR ASSISTANCE

Application Instructions

You are applying to MAPS Charities for short-term financial assistance for a senior in need. Complete application to be considered for funding. You must be a professional in the field of aging.

- Both pages must be completed or the application will be returned. BOTH SIGNATURES ARE REQUIRED
- The person submitting this application must be the same person that performed the assessment.
- Maximum grant will be \$500 in a lifetime, per person. However, only \$100 of the \$500 may be used towards a food card.
- Minimum age requirement is 60 years and older, and client lives within Los Angeles County.
- An invoice or estimate from the intended provider must be attached. Requests for products or services over \$100 require 2 or more estimates. The exception is medical, dental, vision, utilities & food card.

Where To Submit Applications:

Please mail this form to the above address or fax it to (661) 296-6732.
Applications are reviewed on a monthly basis and there is no guarantee that requests will be granted.
All requests must be submitted Tuesday, prior to our Board meeting.
Meeting dates are found on our website. If you have any questions, please email to: info@mapscharities.org

Amount of Request \$ _____ Type of Service Requested: _____

Service Provider/Store Name: _____

Request Date: _____

Referral Agency Name: _____

Referral Contact Name: _____

Title: _____

Address: _____

E-Mail: _____

Phone: _____

Best time/ day to Call: ____ AM ____ PM (Please Circle) Mon Tues Wed Thurs Fri

Client Name: _____

Client Address: _____

Client Phone: _____

Gender: (Please Circle) M / F

Date of Birth: _____

Ethnic Origin*: _____

* This is Optional. We collect age and ethnic origin information from all applicants in order to apply for grants that designate use for specific ages and/or ethnicities. The information we collect will be kept confidential.

