



MAPS Charities

14320 Ventura Blvd., #331

Sherman Oaks, CA 91423

Email: intake@mapscharities.org

FAX: 661-296-6732

REQUEST FOR ASSISTANCE

Review Guidelines and Instructions prior to Completing Request

Send Completed Application To: Email: Info@mapscharities.org or fax it to (661) 296-6732.

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

Service Provider/Store Name: _____

Request Date: _____

Referral Agency Name: _____

Referral Contact (PSA) Name & Title: Last _____ First _____ Title _____

Address: _____

E-Mail: _____

Phone: Work _____ Cell _____

Client Name: Last _____ First: _____ Middle _____

Client Address: _____

Client Phone: _____ Date of Birth: Year _____ Month _____ Date _____

<p>Information is required for grant purposes.</p> <p>Gender: (Please Check) <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Ethnic Origin: <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____</p> <p>Plases Check All that apply: DME Vet Homeless Holocaust Survivor Mobility Issues</p>
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<p>Summary specific item(s) or Services requested: If multiple quotes list only the ones requested. If check, list to whom check is written, include account number for utility bills.</p>		
ITEM/SERVICE	VENDOR (Acct.#)	COST Include fees, taxes, shipping
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MAPS CHARITIES REQUEST FOR ASSISTANCE (PG. 2)

ASSESSMENT OF CLIENT NEED AND CIRCUMSTANCES (use separate paper if necessary):

Assessment Date: _____ Location of Assessment: _____
How long have you known this person? ___ Year(s) ___ Month(s) ___ Week(s) ___ Day(s)

BOTH SIGNATURES ARE REQUIRED

I have assessed this individual and to the best of my knowledge, this information is true and accurate.

Referral Signature: _____ Date _____

Client or Responsible Party Signature: _____ Date _____

NOTE: By signing this document, you are authorizing us to use this information for promotional purposes, or for use in telling the MAPS Charities' story.

Applications must be received by the week prior to that month's board meeting. For 2020, applications must be received by **January 17, February 21, March 20, April 17, May 22, June 19, July 17, August 21, September 18, October 16, November 6** and **December 4** in order to be considered for that month's requests.