



## MAPS Charities

14320 Ventura Blvd., #331

Sherman Oaks, CA 91423

FAX: 661-296-6732

intake@MAPSCharities

## CLIENT PERMISSION SIGNATURE PAGE

Upload signed page with your application -or-

Fax: 661-296-6732 / Email: intake@MAPSCharties.org

You are applying to MAPS Charities for short-term financial assistance for a senior in need. This is the signature page of the application. A completed application is required to be considered for funding. The person completing the application must be a Professional Senior Advisor (PSA) in the field of aging.

- SIGNATURES ARE REQUIRED of the PSA, and the Client or Responsible Party for the client.
- Maximum grant will be \$500 in a lifetime, per person.
- Minimum age requirement is 60 years and older.
- Client must reside in Los Angeles County.
- Applications are reviewed on a monthly basis and there is no guarantee that requests will be granted.
- All requests must be submitted seven days prior to the MAPS Charities Board meeting. Dates of the Board meetings and due dates are listed on our website at [MAPSCharities.org](http://MAPSCharities.org).

**Referral Agency Name:** \_\_\_\_\_

**Referral (PSA) Contact Name:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Type of Item/Service Requested:** \_\_\_\_\_

### ***BOTH SIGNATURES ARE REQUIRED***

**I have assessed this individual and to the best of my knowledge, the submitted 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.