



475 East Main Street, Suite 114, Patchogue, NY 11772-3121
Tel: 1-631-447-5044, Fax: 1-631-447-2494, www.thursdayschildofli.org

Letter of Request (all programs)

Client Name: _____ **Date:** _____

- State the specific need. What is the request (is the client in need of food or supplies, or other)?
- State the extenuating circumstances; briefly *explain the situation causing this need*
- State what/if any other resources have been utilized
- Assistance from these programs is limited. State how client's long-term/ongoing needs will be addressed
- Any questions about programs, eligibility, or paperwork call 631-447-5044

Client Signature: _____ **Date:** _____

(if applicable) Case Manager: _____ **Agency:** _____ **Phone:** _____

Thursday's Child Staff: _____ **Date Received:** _____