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

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Client Signature:    Date:

(if applicable) Case Manager:    Agency:    Phone:

Thursday’s Child Staff:    Date Received: