



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

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## Letter of Request (all programs)

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

- State the specific need/ request for services
- State the extenuating circumstances; briefly *explain the situation causing this need*
- State what/if any other resources have been utilized
- For Case Managers referring to services: if requesting financial assistance (these are not ongoing benefits), 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:** \_\_\_\_\_