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Thursday's Child Safety Net Program

LETTER OF REQUEST

Notes

- 1. Safety Net services REQUIRE verification of HIV/AIDS diagnosis; HIPAA consent release forms; current (within one year) demographic Intake; Personal Identification; verification of Income (if any).
- 2. Safety Net services may not be available at all times and are dependent upon funding, availability, and agency resources.

Briefly state your emergency need and reason for request:
Client Name: (sign and print):
Case Manager (if applicable) Name, Agency, Contact number:
Date [.]