



LETTER OF REQUEST

I am requesting the emergency assistance of Thursday's Child, Inc. for the following:

() Food Cards () Personal Healthcare Products () Bus tickets () Other _____

I am applying for this emergency assistance because (Please Briefly explain services needed):

Client: (Print) _____

Case Manager: (Print) _____ (Agency) _____

Date: _____

Initial of TC Staff: _____

Client Code _____



(Thursday's Child Staff Only Below This Point)

VERIFICATION OF SERVICES

1) Stop & Shop Food Card: Value: \$ _____ # _____ To # _____

2) Bag of PHP: Value: \$ _____ 3) Bus Tickets, Value: \$ _____

4) Other: Value: \$ _____

** By signing I do hereby confirm that I understand that this assistance is based upon available funds and may not always be offered.*

Client Signature: _____ Date: _____

Case Manager as Agent: _____ Agency: _____ Date: _____

Thursday's Child Staff Person: _____ Date: _____

475 E Main St, Ste 209 Patchogue, NY 11772 (631) 447-5044 www.thursdayschildofli.org

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