



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

Client Name: _____

Date: _____

- **State the specific need: what exactly is the request (a need for direct assistance such as food and/or supplies, or medical case management, or other)**
- **State the extenuating circumstances; briefly explain the situation causing this need**
- **State what/if any other resources have been utilized**

Client Signature: _____ **Date:** _____

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

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