



Community Resource Assistance Request Form:

Name: _____

Address: _____

County: _____

Phone: _____ Email: _____

Preferred Method of Contact: Phone Email Mail Office Visit Home/Community Visit

I need additional assistance with the items below (please check all that apply):

<input type="checkbox"/>	I need help applying for HUD, or looking for HOUSING	OTHER: (write specific resource needs here)
<input type="checkbox"/>	I need help getting FOOD	
<input type="checkbox"/>	I need help applying for MEDICAID	
<input type="checkbox"/>	I need help with understanding my INSURANCE options	
<input type="checkbox"/>	I need to know what TRANSPORTATION options are available for me	
<input type="checkbox"/>	I need help finding a JOB training or educational opportunities	
<input type="checkbox"/>	I would like to know what ACTIVITIES are in my community/county for me and my family/ CHILDREN	
<input type="checkbox"/>	I need help finding VOLUNTEER opportunities or SUPPORT GROUPS	
<input type="checkbox"/>	I need help finding PARENTING supports	

I understand that this form may become part of a medical record. Yes No

I consent to being contacted after today's visit. Yes No

_____/_____

Signature

Today's Date

***Community outreach staff can help locate area resources, help contact area providers, and help complete paperwork for programs and related activities.**