JAMARION ROBINSON FOUNDATION

REQUEST ASSISTANCE FORM

Thank you for contacting the Jamarion Robinson Foundation. Please complete this form so we can better understand your needs and determine how we may be able to assist you.

***PERSONAL INFORMATION**

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

***Preferred Method of Contact:**

☐ **Phone**

☐ **Email**

☐ **Text Message**

***EMERGENCY CONTACT**

Name: _____

Relationship: _____

Phone Number: _____

***ASSISTANCE REQUESTED**

Please select all that apply:

☐ **Mental Health Referral Services**
☐ **Counseling Resources**
☐ **Housing Assistance**
☐ **Emergency Financial Assistance**
☐ **Legal Resource Referrals**
☐ **Court Advocacy Support**
☐ **Transportation Assistance**

Describe the assistance you are seeking:

_____

_____

_____

CURRENT SITUATION

Are you currently receiving mental health treatment?

☐ **Yes**
☐ **No**

Have you been diagnosed with a mental health condition?

☐ **Yes**
☐ **No**
☐ **Prefer Not to Answer**

If yes, please list diagnosis (optional):

_____

Are you currently facing any of the following?

☐ **Risk of Homelessness**
☐ **Eviction**
☐ **Utility Disconnection**
☐ **Unemployment**
☐ **Court Involvement**
☐ **Incarceration Concerns**
☐ **Lack of Access to Mental Health Services**
☐ **Other**

HOUSEHOLD INFORMATION

Number of Adults in Household: _____

Number of Children in Household: _____

MONTHLY HOUSEHOLD INCOME

☐ **Under $15,000**
☐ **$15,000 - $30,000**
☐ **$30,001 - $50,000**
☐ **$50,001 - $75,000**
☐ **Over $75,000**
☐ **Prefer Not to Answer**

SUPPORTING DOCUMENTATION

Please upload any documents that may help us review your request:

☐ **Eviction Notice**
☐ **Utility Bill**
☐ **Court Documents**
☐ **Medical Documentation**
☐ **Other Supporting Documents**

ACKNOWLEDGMENT

I understand that submitting this form does not guarantee assistance from the Jamarion Robinson Foundation. I certify that the information provided is accurate to the best of my knowledge.

Signature: _____

Date: _____

PRIVACY NOTICE

The information provided on this form will be kept confidential and used solely for the purpose of evaluating assistance requests and connecting individuals with available resources.