D&S Cuddling Critters
Sponsor a Family - Assistance Application

Please complete this form if your family needs support.

Family Information

Head of Household:	_____
Phone Number:	_____
Email (optional):	_____
Address:	_____
City, State, ZIP:	_____
Number in Household:	Adults:___ Children:___

Family Category (Please Check One)

☐ Active Duty
☐ Veteran
☐ Aging Community (55+)
☐ Special Needs Family
☐ Other: _____

Type of Assistance Needed

☐ Food Assistance
☐ Essential Household Items
☐ Other: _____

Best Contact Method

☐ Phone Call ☐ Text Message ☐ Email
Best Time to Reach You: _____

Agreement

I certify that the information provided is true and understand that submitting this form does not guarantee assistance. Our team will contact families based on available sponsorship.

Signature: _____ Date: _____