

Cayucos Cares Assistance Request/Nomination Form

Thank you for reaching out to Cayucos Cares. We are committed to supporting individuals and families in the Cayucos area facing unexpected challenges. Please complete the form below to request support for yourself or to nominate someone in need.

Section 1: Applicant/Nominator Information

(If you nominate someone else, please provide your contact information.)

Full Name: _____

Phone Number: _____

Email Address: _____

Relationship to Nominee (if applicable): _____

Preferred Method of Contact:** ☐ Phone ☐ Email ☐ Text

Section 2: Individual or Family in Need of Support

Full Name(s) _____

Phone Number (if available): _____

Email Address (if available): _____

Number of Household Members: _____

Ages of Household Members (if applicable): _____

Address (City/State/Zip): _____

Section 3: Reason for Assistance

Briefly describe the situation and the type of support needed.

(Example: medical expenses, emergency housing, food assistance, transportation, etc.)_

Are there any other resources or organizations the individual/family has reached out to?

☐ Yes ☐ No

If yes, please list: _____

How did you hear about Cayucos Cares?

Section 4: Additional Information

Would you be willing to provide supporting documentation if needed?

☐ Yes ☐ No

Is there anything else you would like us to know?

Section 5: Consent & Authorization

By submitting this form, I confirm that the information provided is accurate to the best of my knowledge. I understand that assistance is not guaranteed and is based on available resources.

☐ agree to allow Cayucos Cares to contact me regarding this request.

☐ If nominating someone else, I confirm that I have obtained their permission to share their information.

Signature (if printed): _____

Date: _____