

-----ASSIST! TO INDEPENDENCE-----

INFORMATION AND REFERRAL COVID-19

| | | |
|--|---|------------------|
| First Name | Middle Name | Last Name |
| Physical Address | | Phone: |
| Alternate Contact | | Gender: |
| Name: _____ | | M ____ F ____ |
| Phone number: _____ | | |
| Relation: _____ | | |
| Have you or anyone in your household been directly impacted by COVID-19? | Yes No Provide description if available: | |
| Number of People In Household : | | |
| Chapter Affiliation | | |
| Disability: | | |
| Do you need other supplies | | |
| Adult diapers/ Size | | |
| Household cleaning supplies | | |
| Mask | | |
| Hand sanitizer | | |
| Other: | | |
| Food: | | |
| Do you have any of the following | | |
| Running Water | Yes No | |
| Reliable Transportation | Yes No | |
| How did you hear about Assist to Independence? | | |
| | | |
| Contact: | | |
| ASSIST! to Independence PO Box 4133 Tuba City, Arizona 86045 Phone: (928) 283-6261 Fax: (928) 283-6264 www.assistti.org | Today's Date: _____ Staff Initials: _____ Follow up Needed: _____ _____ _____ | |