

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

INFORMATION AND REFERRAL

	Date of Request	
First Name	Middle Name	Last Name
Location of Home & Mailing Address:		Phone:
Alternate Contact		Gender:
Name: _____		M ____
Phone number: _____		F ____
Relation: _____		DOB: _____
Have you or anyone in your household currently impacted by COVID-19?	Yes No Provide description if available:	
Number of People In Household		
Chapter Affiliation		
Disability		
Do you need other supplies		
Masks		
Hand Sanitizers		
Other:		
Other:		
Do you have any of the following		
Running Water	Yes No	
Reliable Transportation	Yes No	
Monthly Income:		
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	Date Received: _____ Staff Initials: _____ Follow up Needed: _____ _____ _____	