



We KARE ... Making an Impact that benefits others!

MEMRA organized exclusively for emergency relief, charity, support and assistance to individuals and families when a valid emergency, tragedy or hardship occurs. A reasonable donation may be required for all recipients requesting assistance for supplies, products and merchandise unless approved for medical resources or temporary hardship.

REFERRAL FOR ASSISTANCE

New Client: _____ **Group:** _____

Agency/Facility:	Office Number: ()	Cell Number: ()
Address:	Rep Name:	Title:

Customer/Recipient:		Birth Date:	Phone Number: ()
Address/Location:		City:	Zip Code:
Source of Income:		Total Monthly Income:	Occupational Status:
Total # in Household:	Total Adults Over 18:	Marital Status:	Last 4 Digits of SSN:
Reason for assistance?			

Please include the following: Any household member receiving earned or other income, government, City or State aid. (e. g. SNAP, TANF, unemployment, utility or rental/housing assistance, SSI/SSD, etc.)

Category: Hardship Illness/Medical Emergency/Tragedy Unemployed Disabled
 Court/CS Employment Service Clothing Equipment Supplies Household

Item Description: Services are provided regardless of race, gender, religion, color, age, sexual orientation, marital status, living status, diagnosis, medical condition, or national origin.		
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**PLEASE NOTE: BY ACCEPTING MERCHANDISE OR ANY OF OUR SERVICES
YOU THE CUSTOMER AGREES TO THE TERMS AND CONDITIONS!**

MEMRA receive new, used and good condition medical equipment, new supplies, home furnishings, office furniture, beauty accessories and other accessories. Contributions and gifts are donated from hospitals, clinics, medical facilities, rehabilitation centers, or other outside resources to help individuals in a time of need. We try our very best to pass onto customer's good quality merchandise, equipment and supplies. When products are available, requests are honored within 3 business days or soon as possible.

DECLARATION: The information provided above is, to the best of my knowledge and belief, complete, accurate and true. I agree to accept the organization liability waiver and responsible for the safety use of all items received.

Name: _____ Signature: _____ Date: _____