

# FAMILY FINANCIAL ASSISTANCE REQUEST

<b>REQUEST #:</b>	<b>DATE:</b>	<b>REFERRED BY:</b>
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NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

SPOUSE/PARTNER \_\_\_\_\_ # OF CHILDREN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ AGES OF CHILDREN: \_\_\_\_\_

CITY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMPLOYMENT INFORMATION:	DESCRIPTION/REASON OF FINANCIAL NEED:
# of Adults at Home: _____	_____
Employed by: _____	_____
Disability: _____	_____
Child Support: _____	_____

BILLING AGENCY/SOURCE NAME: \_\_\_\_\_

TOTAL AMOUNT REQUIRED FOR SERVICE/EQUIPMENT/MEALS: \_\_\_\_\_

AMOUNT FAMILY IS ABLE TO PAY: \_\_\_\_\_

AMOUNT OF ASSISTANCE REQUESTED: \_\_\_\_\_

PAYMENT DUE DATE: \_\_\_\_\_

FACT FFAF APPROVED ASSISTANCE AMOUNT TO PAY: \_\_\_\_\_

<b>Parents as Teachers Referral:</b> Are you a client of Parents As Teachers (PAT)? ____ If you have children (0-3 years) and are not a client of Parents as Teachers, can we refer you to them. ____
<b>Gas Card:</b> Is a gas card needed in order to access vital services? Does family have access to transportation to meet medical, educational, and job needs? (Valid driver's license? Road-worthy vehicles?)
<b>Marion Co. Food Bank Referral:</b> Do you have sufficient food for your children? If not, contact Marion County Food Bank - Mondays 9-12 Thursdays 4:30-6:30
<b>Marion County Family Resource Directory:</b> If you would like a Marion County Resource Directory, you can pick one up from our office: FACT, 416 South Date, Hillsboro, Kansas.

FOR FURTHER MARION COUNTY REFERRALS/MINISTERIAL ALLIANCE CONTACTS:	
Goessel: .....(620) 367-8192	Marion-Florence-Centre:.....(620) 382-3122
Hillsboro-Durham-Lehigh:.....(620) 947-3144	Peabody-Burns:.....(620) 983-2154
Marion County Salvation Army:.....(620) 947-3144	

A copy of each invoice/bill of financial assistance paid must be attached to the financial assistance request form.