



Volunteers of America®

NORTHERN ROCKIES

Rapid Response Fund

Recipient Name and Address: _____ Date: _____

Recipient Phone Number: _____

Recipient Age/Gender _____ Spouse Age/Gender _____ Veteran (Y/N) _____

Children Ages/Genders _____

Recipient Income _____

Referral Agency: _____

Contact Name and Phone: _____

Requested Amount: _____

Payable to: _____ (Landlord/Utility/Etc.)

Mailing address & Phone number: _____

Summary of Request:

How was recipient's need identified?

Conflict of Interest – Are there any known conflicts of interest with this recipient? YES NO

If yes, please explain: _____

REVIEW OF REQUEST:

Were circumstances verified? Please explain:

How does this individual meet criteria for assistance? Please place a checkmark next to the appropriate Program Area.

Loss of Home- Due to fire or natural disaster	<input type="checkbox"/>
Domestic Abuse- Person fleeing a domestic abuse situation	<input type="checkbox"/>
Avoiding Homelessness- An individual, senior (60+), or family needing other assistance to avoid homelessness.	<input type="checkbox"/>
Elderly/Disabled/Homeless Health- Elderly (60+), disabled, homeless or disadvantaged individuals needing assistance with minor medical/dental	<input type="checkbox"/>
Elderly/Disabled Home Repair or Basic Needs- Low income elderly needing funds to repair/modify home or purchase basic needs for the home	<input type="checkbox"/>
Funeral Expenses- support for funeral expenses for an immediate family member	<input type="checkbox"/>

Please explain why the individual meets the criteria you selected above.

Does this person have a support system in place?

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Other information: _____

For Fund Staff only

Recommended funding amount _____

Notes, if any

APPROVAL:

Approval Signature

Date

Approval Signature

Date