



Financial Assistance Program

Last Name, First Name:		Date:	
Address, or where living now		Amount Requested: _____	
Email:			
Town or City:		Phone:	
County	Assistance Requested <input type="checkbox"/> fuel <input type="checkbox"/> utilities <input type="checkbox"/> security deposit/rent <input type="checkbox"/> other _____	<i>Applicant is willing to be added to CHS's contact database:</i> _____ Yes _____ No	
<i>Submitted by:</i>		<i>Submitter's Phone or email:</i>	
Applicant is affected by: _____ Hemophilia _____ Von Willebrand Disease _____ Other		Previous assistance from CHS? <input type="checkbox"/> No <input type="checkbox"/> Yes When: Amount:	
Situation and Need (add date/time when additional information is added)			
<p>Where else have they tried? Who has helped and how? Any possibilities for other help?</p> <p>Our Resource Suggestions</p>			

Providing financial assistance (yes/no), if no why not: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____



Financial Assistance Program

FINANCIAL ASSISTANCE

Obtained verbal consent to release and obtain information from (vendor):

Assisting w/ payment of bill:

Substantiating Need:

Utilities/Rent:

Vendor Contact: _____

Vendor Contact phone number or email: _____

Vendor name and address: _____

Account or Invoice # (if applicable): _____

Date of contact w/vendor: _____

Amount of payment: _____ Form of payment: Check, credit card, other: _____

Date submitted to Finance or charged on credit card: _____

Fuel/House Information:

#2 Oil Kerosene Propane Wood Pellets - How much left: _____ Last delivery date: _____

Dealer: _____ Phone: _____

House description: _____

Location of Fill-Pipe: _____

Delivery: Gallons: _____ Date: _____ Cost: _____

Invoicing: #: _____ Date Invoice Vouchered: _____

Approved by: _____ Date: _____