Phoenix Children’s Project

FAMILY ASSISTANCE 2024

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| Today’s Date: |

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| Referred By: |

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| Your Name: |

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| Address: |

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| --- |
| Phone: |

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| Email: |

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| How many adults (18 years +) live in the household? |

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| How many are working full time? |

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| Employer’s Name: |

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| How many children (17 years -) live in the household? |

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| What are their ages and gender? |

**TYPE OF ASSISTANCE REQUESTED:**

(check boxes where needed)

Food box

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 For a food box, fill out the above form completely, email it to: helpingkids@phoenixchildren.org along with:

- A copy of your photo ID,

- DES Award Statement

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| Please list any food allergies, likes and dislikes: |

Birthday Club (ages 3-13)

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| Child’s name? |

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| Birth date and age child will be on birthday? |

For Birthday Club, fill out the above form completely, email it to: helpingkids@phoenixchildren.org along with:

- A copy of your photo ID,

- DES Award Statement

 - child’s birth certificate

Welcome Baby (for expectant mothers only)

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For Welcome Baby, fill out the above form completely, email it to: helpingkids@phoenixchildren.org along with:

- A copy of your photo ID,

- DES Award Statement

- Letter or note from your doctor stating DUE DATE and GENDER of BABY.

Clothing / Diapers

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| Size diapers: |

If clothes are requested, please list sizes (please use number sizes, not just small, med, large. *This section only needs to be filled out if you are requesting clothes*:

Child’s Name Gender Age Pants Shirt Shoe

 *(for socks)*

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For kids’ clothing, fill out this form completely, email it to: helpingkids@phoenixchildren.org along with:

- A copy of your photo ID,

- A copy of birth certificate for each child needing clothes

 and / or diapers

- DES Award Statement

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| Please list any additional needs. Please be as specific as possible and we will help if we can.  |