



## A Pathway to Hope and Home, Inc. Request for Services Form

All Information Will Remain Confidential.



**Please Note:** Type directly into the form, then save it. Forward the completed form to "[gmcccloud777@gmail.com](mailto:gmcccloud777@gmail.com)." A representative will contact you to discuss your request for assistance within the next 24 - 48 hours (business days). Thank you for giving us an opportunity to serve you!

**(Please Note: If A Pathway to Hope and Home, Inc. is unable to directly assist with your need, we will refer you to another reputable nonprofit organization or state agency that will be able to help you.)**

### Contact Information:

|   |                   |
|---|-------------------|
| <b>Full Name:</b>                       |                   |
| <b>Business Name</b> (if applicable):   |                   |
| <b>Address:</b>                         |                   |
| <b>Phone (C):</b>                       | <b>Phone (H):</b> |
| <b>E-mail:</b>                          |                   |
| <b>Website Address</b> (if applicable): |                   |

### Type of Service(s) Needed - Check all boxes that apply:

#### PRIMARY

Housing |  Free Vehicle |  Scholarship(s) |  Economic (e.g. job fair, staffing)

#### SECONDARY

Education |  Healthcare |  Energy Assistance |  Counseling |  Training

Clothing/Food/Water |  Resource Centers

#### OTHER

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Provide a brief description of the type of service/assistance you need:

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How did you hear about our organization? - Please check all that apply.

Internet (Website)    
  Social Media (e.g. Facebook)    
  Magazine/Newspaper  
 Radio    
  Family Member/Friend\*    
  Other: \_\_\_\_\_

\*If referred by a family member or friend, is this individual a current or former client of A Pathway to Hope and Home, Inc.?

Yes //  No

**Office Use Only (Do Not Complete)**

| Processor's Information - (1) |       |
|-------------------------------|-------|
| Name:                         |       |
| Signature:                    |       |
| Phone #:                      | Date: |

| Processor's Information - (2) |       |
|-------------------------------|-------|
| Name:                         |       |
| Signature:                    |       |
| Phone #:                      | Date: |

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