**Senior Ambassadors Coalition  
Special Needs Assistance Form**

**Email Request Form to:** [**sac.panhandle@gmail.com**](mailto:sac.panhandle@gmail.com)

**Date of Request: \_\_\_\_\_\_\_\_\_\_\_\_**

**Referral Source Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **CLIENT INFORMATION** |

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| **Name:** | **Age: (60 or Older)** |
| **Address:** | **Income/ Source:** |
| **Number in Household:** | **Household Income:** |

**Service Requesting (Please be as detailed as possible, i.e., what other resources have been utilized, what is the client’s situation/circumstances, what is the reason for the request, the amount of funds requested, also attach any additional supporting documentation/receipts.)**

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**Referral Source Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount to be paid: \_\_\_\_\_\_\_\_\_\_ Funds Distributed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **APPROVAL** |

**SAC Board President: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Board Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**