



Volunteers of America®

NORTHERN ROCKIES

Rapid Response Fund

Recipient Name and Address: _____

Date: _____

Recipient Phone Number: _____

Recipient Age _____ Number of Children: _____

Recipient Income _____

Referral Agency: _____

Contact Name and Phone: _____

Requested Amount: _____

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

Mailing address: _____

Summary of Request:

How was Recipient 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 check the appropriate Program Area.

Program Area	
Loss of Home -Due to fire or natural disaster	
Domestic Abuse -Person fleeing a domestic abuse situation	
Loss of Income Necessary to Support a Child	
Elderly / Disabled Health -age 60+ low income elderly needing assistance with minor medical/dental.	
Families Avoiding Homelessness -Families with children needing one-time assistance to avoid homelessness.	
Elderly Home Repair or Basic Needs -Low income elderly needing funds to repair home or purchase basic needs.	
Homeless / Disadvantaged Health -Homeless/disadvantaged health needs assistance with emergency medical/dental care	
Funeral Expenses -support for funeral expenses for an immediate family member	

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

Does this person have a support system in place?

How will assistance impact recipient's circumstances?

Other information: _____

For Fund Staff only

Recommended funding amount: _____

Notes, if any:

APPROVAL:

Approval Signature

Date

Approval Signature

Date