



Volunteers of America®

NORTHERN ROCKIES

Rapid Response Fund

Recipient Name and Address: _____ Date: _____

Recipient Phone Number: _____

Recipient Age/Gender _____ Spouse Age/Gender _____ Veteran (Y/N) _____

Children Ages/Genders _____

Recipient Income _____

Referral Agency: _____

Contact Name and Phone: _____

Requested Amount: _____

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

Mailing address & Phone number: _____

Summary of Request:

How was recipient's need 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 place a check mark next to the appropriate Program Area.

Loss of Home - Due to fire or natural disaster	
Domestic Abuse - Person fleeing a domestic abuse situation	
Avoiding Homelessness - An individual, senior (60+), or family needing one-time assistance to avoid homelessness.	
Elderly/Disabled/Homeless Health - Elderly (60+), disabled, homeless or disadvantaged individuals needing assistance with minor medical/dental.	
Elderly/Disabled Home Repair or Basic Needs -Low income elderly needing funds to repair/modify home or purchase basic needs for the home.	
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