

PROJECT: ST. NICHOLAS RETURNS, INC.
REQUEST FORM
PLEASE PRINT LEGIBLY

REQUEST # _____
FY: _____
Delivery: Y N

Requested by: _____
(FIRST NAME) (M.I.) (LAST NAME)

Phone #: _____ Relationship to Needed party: _____

PARTY IN NEED _____
(FIRST NAME) (M.I.) (LAST NAME)

STREET ADDRESS _____

CITY/ST _____ ZIP CODE _____ PHONE _____

TOTAL # IN THE HOME _____ # OF ADULTS _____
CHILDREN AGE 0 TO 11 _____ CHILDREN AGE 12-8 _____

ADDITIONAL INFORMATION

Expenses Per Month: Rent _____ Gas _____ Electric _____ Other _____

Request from PSNR, Inc.:

a. food certificate from _____ amount: \$ _____

b. certificate from _____ amount: \$ _____

c. purchase _____ amount: \$ _____

Additional information:

Recorded by PSNR Volunteer: _____ Date Received: _____

How did you hear about PSNR? _____

Reference contact to verify request: Name _____ Phone _____

Have you ever received assistance from PSNR? _____ If so, when? _____

Thank you for your request to assist another individual family or organization in need. Project: St. Nicholas Returns, Inc. (PSNR, Inc.) reserves the right to make attempts to verify this and any other requests. PSNR, Inc. will also review all requests and make every attempt to address the requests. PSNR, Inc. reserves the right that there will be no verification upon the completion or incompleteness of this or any other request.

FOR OFFICE USE ONLY

Executive Committee Comments:

_____ Approve _____ Disapprove/Why?

Recommendations: _____

Phone Comments _____

Fax to Stephen Kelley/Jeffrey Reale Fax # 330-877-4147

Date check issued _____ Check # _____ Delivery Date _____