PREVIEW OF INFORMATION REQUIRED IN REFERRAL FORM FOR COVID-19 RELIEF

THE REFERRAL MUST BE COMPLETED BY AN ELIGIBLE REFERRER VIA OUR ONLINE PORTAL.

THIS DOCUMENT IS FOR PREVIEW PURPOSES ONLY.

FILEDS MARKED * ARE REQUIRED FOR SUBMISSION.

SCREENING QUESTIONS

Is the household income significantly decreased because of the COVID-19 public health crisis? *

- Yes
- No

Is the family unable to pay one or more essential household bills because the COVID-19 pandemic has decreased household financial resources? *

- Yes
- No

Brief summary of how COVID-19 has impacted the family *

The COVID-19 Relief Fund can only assist with a one-time payment for ONE household bill. What type of assistance is requested? (Choose one) *

- Housing (rent, mortgage)
- Transportation (car payment)
- Utilities (power, water, phone)

Note: Helping Hands cannot cover any medical expenses including medical bills, dental bills, insurance premiums, copayments, deductibles, medications, rent, etc.

Please upload a copy of the bill, lease, or letter from landlord if you have it.

Choose Files | No file chosen
Has the applicant sought assistance from a local organization (e.g. local hemophilia foundation, charitable organization, etc.)? *

- Yes
- No

Name of organization contacted: *

Did the organization provide assistance?

- Yes
- No
- Request Pending

Notes about assistance requested from other org

---

**REFERRER INFORMATION**

First Name *

Last Name *

Phone Number *

Email Address *

Organization Name *

Type of Organization *

Referor Position *

Referrer Title *
APPLICANT INFORMATION

Household (Last) Name *

Household Size (Adults and Children): *

Street Address *

Address Line 2

City *  State *  Zip Code: *

Applicant's Primary Phone: *  Secondary Phone:

Applicant's Email Address (required if they have one):

Primary language spoken in household *
  □ English
  □ Spanish
  □ Other

Please indicate translation needs. Can the referring organization or a household member translate for the applicant? Does HFA need to translate?
As much information as possible for each household member. Fields marked * are required.