Lighthouse Foundation of Wake County **Relief Application Form Date**

Fax completed form to 919 788 9571 or email to RHeroux@LFWakeCounty.org or mail to address below

Name ______________________ D.O.B _______ Sex M/F___ Race __________ US Citizen? Yes No

Address (city, state zip) ____

Client's best contact number and email (if applicable): ________________________

Have you been helped by us in the past? Yes No If yes, when? ____________________

Agency Name and Contact (with phone #) for referral purposes: ____________________

Chronic or Mental Health Diagnosis (greater than 3 months or more): ________________

Check: Employed Unemployed Receiving Unemployment Receiving Disability Uninsured Insured

Number of family members in household (including self) __________ Annual household income __________

Check: Married Widowed Divorced Single If married, is spouse employed? Yes No

Last year tax return was filed ________ Other Chief need/s you are requesting LFWC assistance with and why

____

Circumstances preventing you from meeting need/s ________________________

Concern how this need/s will impact your health if not met ________________________

I certify that the above information I have provided is true and accurate; if any above information proves to be untrue, I understand that LFWC may re-evaluate my status and choose to decline any assistance.

Applicant's Name/Signature ______________________ Date ______________________

This section for LFWC personnel only

Reviewed by ______________________ Amount approved ______________________

Intake assessment/plan note

____

____

RHeroux@LFWakeCounty.org LFWakeCounty.org TEL 919 306 1031 FAX 919 788 9571
South Tower, 4700 Falls of Neuse Road, Suite 110 Raleigh, North Carolina 27609