

Families United For Equity (FUFEE) Assistance Intake Form

Personal Information

1. Full Name: _____
2. Date of Birth (MM/DD/YYYY): _____
3. Contact Number: _____
4. Email Address: _____
5. Address (Street, City, State, Zip Code): _____
6. Preferred Method of Contact (Phone/Email/Mail): _____

Emergency Contact Information

1. Emergency Contact Name: _____
2. Relationship to Applicant: _____
3. Contact Number: _____
4. Email Address: _____

Assistance Needs

1. What specific assistance are you seeking from Families United For Equity (FUFEE)?
 - _____
 - _____
 - _____
 - _____

2. Please describe in detail why you are seeking this assistance. Include any relevant personal, family, or community circumstances that contribute to your situation.
 - _____
 - _____
 - _____
 - _____

3. Have you or your family received assistance from FUFEE or any other organization in the past? If yes, please provide details.

- _____

Additional Information

1. Are there any immediate concerns or deadlines that we should be aware of in relation to your request for assistance?

- _____

2. Is there any other information you believe is important for us to understand your situation and how we can best assist you?

- _____

Consent and Acknowledgment

- I hereby confirm that the information provided in this form is accurate and complete to the best of my knowledge. I understand that this information will be used by Families United For Equity (FUFEE) to assess and address my assistance needs.

Signature: _____

Date: _____

Thank you for reaching out to Families United For Equity. We are committed to reviewing your request thoroughly and will be in contact with you as soon as possible.