



Financial Assistance Request Form (Covid)

Individual/Family Requesting Funds: _____

Amount Requested: _____

Where Funds will be used:

Food Housing Medical Care Medical Insurance
 Child Care Utilities* Telephone Bills
 Transportation Other(explain): _____

*Includes Gas, Water, Electric, and Trash Removal.

Why the Funds are Needed

Signature: _____ Date: _____

Approval:

Review by Financial Assistance Team

Date: _____

Review and Approval by Fr. Evan

Date: _____

Disbursement:

Date: _____