SHE Network
APPLICATION FOR ASSISTANCE

Thank you for contacting SHE Network.
Please take a moment to give us the following information about yourself and your situation. We will carefully consider your case and do our best to find ways to help. We will contact you within 60 days of receipt of the application to schedule a follow-up meeting. We look forward to hearing from you. Thank you.

SHE Network is a non-profit organization based on Boston's North Shore that provides community based assistance for women in transition, through a network of volunteer services.

SHE is committed to strengthening the spirit of women through organized support and random acts of kindness.

Your Information

Today's Date:

Name:

Address:

Phone:

Email:

Date of Birth:

Referral Information

The person or agency that referred you to SHE:

Name:

Address:

Phone:

Email:

Request for Assistance

1. How can SHE Network empower you?

2. Please briefly describe the specific assistance you are seeking from SHE Network:

Legal/Medical:

Financial:

Emotional/Family:

Other:

3. Please briefly describe the steps you are already taking to empower yourself:

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Other Personal Details

Are you an American Citizen or Legal Resident?

Marital Status: Married / Single / Divorced / Separated / Widowed

Children (Quantity, M/F and age):

Any special dietary requirements:

Your Financial Information

(only complete if you are applying for financial assistance)

1. Have you applied for or received other forms of financial assistance from other charitable organizations? If yes, please state organizations and amounts:

2. Please state your monthly net income, including all sources of income, such as child support, salary, state or federal assistance, etc.:

3. Please state your monthly expenses:

Term and Conditions

By submitting and signing this application for assistance, I consent to the following terms and conditions:

I acknowledge and agree that the information I am submitting is correct and true. I know that I can choose to leave an item in the application blank, but that in doing so, it may affect the decision of **SHE** in evaluating my request for assistance. I understand that my application is subject to review and that I may be asked to provide proof of the information I have submitted herein. I understand and accept that submission of this application does not entitle me to any assistance whatsoever. I understand and agree that **SHE** and/or its delegated representative(s) may determine, in their sole and absolute discretion, whether to provide any assistance at all, as well as the amount and duration of any assistance. If it becomes necessary to obtain additional financial or medical information to determine my eligibility for assistance, I understand that I will be contacted and my permission secured. I will inform **SHE** should any of my assets, income or other circumstances change while **SHE** is considering my request.

By submitting and signing this application for assistance, I acknowledge and accept that SHE will keep confidential all information provided herein. I further acknowledge and accept that SHE will protect my privacy by not disclosing any information provided herein to any person or entity other than SHE and/or its delegated representative(s) and/or as may be required by the United States Internal Revenue Service or as otherwise provided by law. I acknowledge and accept that **SHE** and/or its delegated representative(s) shall not be liable for damages of any kind, including without limitation special or consequential damages, arising out of this application for assistance, or any decision that is made concerning eligibility for assistance.

_____ _____

Applicant Signature Date

SHE Network does not discriminate on the basis of race, creed, religion or national origin.