



NAME OF REFERRING ORGANIZATION: _____ PH#: _____
 CONTACT: _____ EMAIL: _____

FAMILY MEMBER INFORMATION

Parent/Guardian 1: _____ Parent/Guardian 2: _____
 Address: _____ Address: _____
 City, ST, Zip: _____ City, ST, Zip: _____
 Ph#: _____ Work#: _____ Ph#: _____ Work#: _____
 Email: _____ Email: _____
 Languages English Spanish Other _____
 Languages English Spanish Other _____

List other family members who live in household. If more than four, list additional members on additional page.

Name: _____ Age: _____ Relationship: _____ Birthdate: _____
 Name: _____ Age: _____ Relationship: _____ Birthdate: _____
 Name: _____ Age: _____ Relationship: _____ Birthdate: _____
 Name: _____ Age: _____ Relationship: _____ Birthdate: _____

I am in need of (select all that apply):

- Gift cards (e.g., gasoline, grocery, Walmart, etc.)
- Shopping for free at the A Lot of Good Thrift Store in Upland for clothing and essential needs.
- Backpacks and school supplies for my children
- Participation in WinterWonderland (Christmas gift-giving project)
- Special Request: _____

Indicate your willingness to participate by checking yes or no for each item:

- Yes No We will do our best to commute to the Upland area for parties, activities and shopping days at The A Lot of Good Thrift Store.
- Yes No We agree to regularly update A Lot of Good representatives regarding our family situation during the year
- Yes No We agree to share our story and photo, video, etc. without compensation for the purpose of raising funds so more families can benefit from this project.
- Yes No We receive financial assistance from other resources (i.e. Christmas gifts, financial aid or resources from another charity, etc. *Please list all resources & amounts being received and from whom. Use additional sheet if necessary.*)

Notes: _____

FAMILY FINANCIAL INFORMATION Please explain financial need and circumstance(s) that created financial need.

I give my authorization to release pertinent information and personal information necessary for A Lot of Good to determine eligibility for programs/projects and to determine level of family need. I am willing to share our story and photo, video, etc. for purposes of fundraising and marketing of A Lot of Good programs, projects, events and campaigns without compensation. I understand that a representative from A Lot of Good may contact us directly for clarification or additional information. Completion of this form does not guarantee that request will be approved. I understand that A Lot of Good will make the final determination of any gift to be received as well as the amount of the gift. I certify that the information provided is true to the best of my knowledge and authorize A Lot of Good to verify any or all information.

Print Parent/Guardian 1 Name _____ Signature _____ Date _____

Print Parent/Guardian 2 Name _____ Signature _____ Date _____

**RETURN THIS COMPLETED FORM VIA EMAIL TO: benefits@alotofgood.org or mail to:
 A Lot of Good, ATTN: Benefits, 1980 W. Foothill Blvd., Upland, CA 91786**