A Lot of Good
There Is Hope **Family Information Form**
(Completed by family)

NAME OF REFFERING ORGANIZATION: _____. **PH#:**_____

CONTACT: _____. **EMAIL**: _____

FAMILY MEMBER INFORMATION

Parent/Guardian 1:_____ Parent/Guardian 2:_____

Address:_____ Address:_____

City, ST, Zip:_____ City, ST, Zip:_____

Mobile PH:_____Work#:_____ Mobile PH:_____Work#:_____

Email:_____ Email:_____

Language: English Spanish Other _____ Language: English Spanish Other _____

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

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

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 card (e.g., gasoline, grocery, Walmart, etc)

☐ Backpacks and school supplies for my children

☐ Participation in Winter Wonderland (*Christmas gift-giving project)*

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

We agree to regularly update. Lot of Good representative regarding our family situation during the year.

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.

FAMILY FINANCIAL INFORMATION: *Please explain financial needs and circumstances that created need.*

_____

_____

_____

☐ I give my authorization to release pertinent information and personal information necessary for A Lot of Good, Inc to determine eligibility for programs/projects and to determine level of family need. 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 gift. I acknowledge that A Lot of Good may terminate gift distribution for lack of need, violation of gift terms or unacceptable behavior in the A Lot of Good Thrift Store. I certify that the information provide is true to the best of my knowledge and I authorize A lot of Good to verify any and all information provided.

_____	_____	_____
Print Parent/Guardian 1 Name	*Signature*	*Date*
_____	_____	_____
Print Parent/Guardian 1 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