2027 A Lot of Good

There Is Hope Nomination Form by Organization

Organization Name: _____ Date: ___/___/____

Contact Person: _____ Position: _____

Work Phone: _____ Ext: _____ Email: _____

Other Phone:_____ Ext: _____ Email: _____

Nominated Family Information

List all members living in primary residence. (If more space is needed, add on separate sheet)

	Name	Relation	Age	Sex	Ph#	Email
1		Parent				
2						
3						
4						
5						
6						
7						

What is the family place of residence address?

Street: _____ City:_____State: CA Zip: _____

☐ Own ☐ Rent ☐ Other:_____ Amount of housing payment: $_____

Does the family live in your facility? ☐ YES ☐ NO If YES, for how long?_____

What is the challenge the family is facing?

_____

_____

_____

What type of assistance is the family receiving from your organization?

_____

_____

RETURN THIS COMPLETED FORM ON OR BEFORE DECEMBER 10, 2027
VIA EMAIL TO: BENEFITS@ALOTOFGOOD.ORG or mail to:
A Lot of Good, ATTN: Benefits, 1980 W. Foothill Blvd,. Upland, CA 91786