A Lot of Good

2027 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: _____

Phone #:_____Birthdate:_____ Phone #:_____Birthdate:_____

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:_____

THERE IS HOPE IS A THREE-YEAR PROJECT

Families accepted into the project will receive a monthly allotment of vouchers and gift cards for a three-year period. The breakdown of benefits will be as follows:

Year One:
$100 A Lot of Good Thrift Store Vouchers
$100 Grocery/Walmart Card
$100 Gasoline Card

Year Two:
$100 A Lot of Good Thrift Store Vouchers

Year Three:
$ 50 A Lot of Good Thrift Store Vouchers

Additionally, families will be eligible to receive benefits from the Backpack Drive (for back to school items) and Winter Wonderland (Christmas presents for children 19 and younger

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

Yes No

☐☐ We understand that vouchers are distributed monthly and myst be picked up at least every three months or we may be removed from the project.

☐☐ We agree to regularly update A 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 2 Name *Signature* *Date*

RETURN THIS COMPLETED FORM ON OR BEFORE DECEMBER 10, 2026
VIA EMAIL TO: BENEFITS@ALOTOFGOOD.ORG
or mail to:
A Lot of Good, ATTN: Benefits, 1980 W. Foothill Blvd,. Upland, CA 91786