

Application for Assistance



Date: _____

Name of referring advocate _____

Name of referring agency/organization:

___ Gloucester Public Schools

___ Rockport Public Schools

___ Gloucester Police Community Impact Unit

___ Grace Center of Gloucester

___ One Stop Harm Reduction

___ North Shore Health Project

___ Cape Ann Veterans Office

___ Open Door Food Pantry

___ Children's Friend & Family

___ Pathways for Children

___ Other _____

___ Self/Family Member

** Please note that we will respect the privacy of the individual/family that you are referring for assistance. Please use initials if you are unable to share full name*

Recipient's Name* _____ City/Town _____

Assistance being requested

Brief Explanation of Circumstances (only share what you feel comfortable communicating)

Number of people in household/family _____

Best way to contact

___ Phone _____ ___ Email _____

How did you hear about us?

___ Facebook ___ Instagram ___ Website ___ Word of Mouth ___ Other _____

Sometimes asking for help is the bravest move you can make. You don't have to go it alone.