The American Legion
Department of Rhode Island

Fax 401-726-2464 Phone 401-726-2126 1005 Charles Street, North Providence, RI 02904

FAX...

To:

For:

From: Ronald Levasseur, DSO

Fax #: 401-726-2464 / 401-475-9490

Number of pages to follow:

SAGE MAKER
The American Legion and American Legion Auxiliary
Children and Youth Foundation
Department of Rhode Island
Application for Assistance

Date: ______________

Name of Applicant

Address of applicant

Reason for applying for assistance.


Income: $
Utilities: Electric: $  Gas $  Telephone: $
Rent per month: $

Name of Child: Age

Name of Child: Age

Name of Child: Age

Name of Child: Age

Did you receive help from any other agency/organization? __________________________
If answer is yes, name of agency. ________________________________________________
Who recommended you to us? ___________________________________________________

Signature of applicant: ________________________________________________________

Comments from Interviewer: AL/ALA: (use back for observations and
more comments)
Recommendation: ____________ Signed by: ____________ Date: ____________
APPLICATION FOR TEMPORARY FINANCIAL ASSISTANCE

I. Record of children - Application for TFA is hereby made to the Department of Rhode Island, Children and Youth Foundation, on behalf of the following child(ren):

FIRST NAME: 

1. ____________________________ 

2. ____________________________ 

3. ____________________________ 

4. ____________________________ 

AGE

II. Record of Father

FULL NAME

SOCIAL SECURITY NUMBER

ADDRESS

TELEPHONE

III. Record of Mother

FULL NAME

SOCIAL SECURITY NUMBER

ADDRESS

TELEPHONE

IV. Detailed description of the problem. Use separate sheet, if necessary:

V. Signature of American Legion Post Official:

I, an officer of the American Legion Post as set forth below, certify that an investigation has been made, and the above-mentioned child(ren) is/are in need of: CHECK ONE:

1. ) Immediate, ( ) Emergency financial assistance.

SIGNED - POST OFFICER

TITLE OF OFFICE

POST NUMBER

ADDRESS

TELEPHONE

VI. Signature and recommendation of Department Children and Youth Foundation President: I recommend that assistance be granted in this case in the amount of $ . Further comments by Department Children and Youth Foundation President:

DATE

SIGNED - DEPT. C & Y FOUND. PRES.

SIGNED - DEPT. C & Y FOUND. SEC.