

# COVID-19 Financial Assistance Referral



## Instructions

Households should be screened by referring organization to ensure that household falls within at least one category of assistance (listed below) and is experiencing economic and health-related impacts caused by COVID-19. Please complete this form and submit to [help@weinspirit.org](mailto:help@weinspirit.org) in an encrypted message or other secure medium. For questions, please call 404-913-1595. When possible, checks will be mailed directly to vendor.

## Household Information

Name						Street Address	
Telephone						City, State	
Number of Individuals in the Home						Zip Code	
Primary Language						Immigration Status (Optional Field)	
County	<input type="checkbox"/> Butts	<input type="checkbox"/> City of Atlanta	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Clayton	<input type="checkbox"/> Cobb	<input type="checkbox"/> Coweta	
	<input type="checkbox"/> DeKalb	<input type="checkbox"/> Douglas	<input type="checkbox"/> Henry	<input type="checkbox"/> Fayette	<input type="checkbox"/> Fulton (South)		
	<input type="checkbox"/> Fulton (North)		<input type="checkbox"/> Gwinnett	<input type="checkbox"/> Paulding	<input type="checkbox"/> Rockdale		

## Referral Source

Organization			Email Address	
Contact Name			Phone	

## Emergency Assistance Request

Briefly state the circumstances of the need for assistance:			
Categories for assistance (select all that apply):	<input type="checkbox"/> Family with young children and children on free/reduced school lunch <input type="checkbox"/> Individual without health insurance, access to sick days or healthcare <input type="checkbox"/> Low wage worker including hospitality, service industry and gig-economy workers <input type="checkbox"/> Vulnerable senior <input type="checkbox"/> Children/Youth with educational/emotional needs		
Select financial assistance category:	<input type="checkbox"/> Rent/Housing/Utility Assistance <input type="checkbox"/> Food/Household Supply Funds <input type="checkbox"/> Medical/Medications/Safety Funds <input type="checkbox"/> Childcare <input type="checkbox"/> Other: _____		
Vendor Name			Vendor Phone
Vendor Address			Bill Due Date (if applicable)
Form of Payment Accepted by Vendor	<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Account Transfer <input type="checkbox"/> Credit Card Payment <input type="checkbox"/> Other: _____		
Account Number (please include current utility bill if requesting utility assistance)			Amount Requested \$

For Inspiritus Purposes Only:  Approved     Placed on Waitlist     Denied

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