Thursday’s Child Safety Net Program

LETTER OF REQUEST

Notes

1. Safety Net services REQUIRE verification of HIV/AIDS diagnosis; HIPAA consent release forms; current (within one year) demographic Intake; Personal Identification; verification of Income (if any).

2. Safety Net services may not be available at all times and are dependent upon funding, availability, and agency resources.

Briefly state your emergency need and reason for request:

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Client Name: (sign and print): ________________________________

Case Manager (if applicable) Name, Agency, Contact number:

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Date: ________________________________