



Weekly Hardship Assistance Request

DreamCatchers D.R.E.A.M.S. | Be the Dream

Please describe the assistance you need. Requests are reviewed individually. Submission does not guarantee assistance and is not tied to participation in treatment.

1 Contact information

Full name

Date of request

Email address

Phone number

2 Assistance requested

Select all that apply:

☐ Food

☐ Gas / transportation

☐ Rent / housing

☐ Utilities

☐ Hygiene / personal care

☐ Clothing

☐ Household / essential item

☐ Medical / health-related

☐ Other

Other assistance (if applicable)

Amount requested (\$)

3 Your request

Describe your current hardship

How would this assistance help you?

What other resources or assistance have you tried?

Is this an urgent need? ☐ Yes ☐ No

4 Certification and signature

I certify that the information I have provided is accurate to the best of my knowledge. I understand that submitting a request does not guarantee assistance.

☐ I agree to the certification above and acknowledge that my typed name is my electronic signature.

Typed electronic signature

Date signed
