

**LEND A HAND SOCIETY**

89 South Street, Suite 203  
Boston, MA 02111  
(617) 338 -5301

**AGENCY CLIENT REFERRAL FORM**

Date: \_\_\_\_\_

Agency applying: \_\_\_\_\_

Case manager name and title: \_\_\_\_\_

Case manager phone number and email \_\_\_\_\_

Agency address: \_\_\_\_\_

Client name: \_\_\_\_\_

Client address: \_\_\_\_\_

Client age: \_\_\_\_\_ Number of household members \_\_\_\_\_

Purpose of grant: \_\_\_\_\_

Grant amount requested: \_\_\_\_\_ Check should be issued to: cannot be made out to client (name of company and client account # if needed) \_\_\_\_\_

Briefly describe financial situation and why the grant is needed \_\_\_\_\_

List other organizations you are contacting for support \_\_\_\_\_

**Grants are made once in a lifetime per family or individual.  
Please include cover letter on your agency letterhead with your application.  
Please ensure that your agency has a current 501 (c) 3 letter on file with LAH.**

