

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.**

