

First in Families of Durham County

... a Family Support Cooperative

Subsequent Application

Date: _____ Application # _____ Request # _____

Name of person request is for: _____

**Address: _____ Zip _____

Home phone _____ Work phone: _____

Name & relationship of person making request: _____

Other contact name and phone: _____

Home phone: _____ Work phone: _____

Email: _____

What is your household income? \$ _____/year _____ Gross _____ Net

Please describe in detail your need. Please be as specific as possible regarding your need. (Extra attachments are okay). **For Community Bridging, please indicate PCP goal satisfied.**

Please list all other resources and/or community agencies that support your family. (Check all that apply.)

<input type="checkbox"/> Case Management	<input type="checkbox"/> AFDC	<input type="checkbox"/> WIC	<input type="checkbox"/> Respite
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> SSI	<input type="checkbox"/> Counseling
<input type="checkbox"/> Occupational Therapy	<input type="checkbox"/> Spch Therapy	<input type="checkbox"/> Physical Therapy	
<input type="checkbox"/> Vocational Services	<input type="checkbox"/> In-Home Nursing	<input type="checkbox"/> Early Intervention	
<input type="checkbox"/> Developmental Pre-school	<input type="checkbox"/> Special Education		

Please describe what you think it would take to meet your need: _____

Please list agencies/ programs that you have contacted to help meet this specific need. _____

By what date do you need a resource(s) to meet your need? _____

As we try to develop a cooperative of families, community resources and businesses, please identify any talents or resources you are willing to donate to The Arc and the families we serve.

For more information, call 493-8141, ext. 203. Mail request to 3500 Westgate Dr., #303, Durham, NC 27707.