



## Human Needs and Services Request Form

Please complete all information. It must be accompanied by a one-page cover letter on the referring organization's letterhead, providing a detailed explanation of the family/individual's situation, what they are requesting and why. Please direct any questions to: Moriah SimonHazani, [hunas@goldenslipper.org](mailto:hunas@goldenslipper.org), 610.359.8632 x4.

Request Date:

### Client Information

First Name: Last Name:  
Date of Birth: Gender:  
Street Address:  
City: State: Zip:  
County: Phone Number:  
Race: Religion:  
Retired? Working?

If not retired and not working, why?

Is the client a minor? If "Yes", Name of Caregiver:

Relationship of Caregiver to client:

**Including** the client, how many people live in the household?

Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:
Name:	Age:	Relationship:

### Referring Agency Information

Agency/Organization Name:  
Address: City: State:  
Contact Name: Job Title:  
Phone Number: Email:  
Website:

Is this your first case submitted to Golden Slipper?

If "Yes", how did you hear about us?



## Request

Items/Services Requested:

If items/services have already been ordered, or an invoice prepared, a copy of the bill or invoice must be enclosed with this request. Payments will only be made to third party providers.

Check Payable to:

Mailing Address of Provider:

Contact Name:

Phone Number:

Account # if applicable:

### Family & Household Monthly Income

\*Be sure to include the income of adults and children.

Employment Income:

Unemployment:

SSI:

SSDI:

Social Security:

Other Disability:

Source:

Workman's Comp:

SNAP:

Child Support:

Alimony:

Cash Assistance:

Other:

Source:

### Insurance Information

What is the source of individuals' or families' health insurance?

Medicare

Medicaid

Private

No Insurance

### Other Agency Information

Other Agencies working with and/or contacted on behalf of this client:

Agency:

Services Provided:

Agency:

Services Provided: