

Parent/Guardian:	Phone#:	
Current Address:	Email address:	
Student's Name:	School/Grade:	Age:
Student's Name:	School/Grade:	Age:
Which of the following describes the student		ent (check all that apply)
 Motel Car 		
☐ Shelter		
Other		
What are the reasons for your current living	Situation (check all that apply)	
 Economic situation/Loss of employment 		
 Home has no electricity or running water 		
Domestic situation		
□ Other		
Please check the following services the stude		oply)
Tutoring		
Counseling		
Hygiene Items		
Project REACH (assist with locating hou	sing)	
□ Other		

I acknowledge that all the information I provided is accurate. Project HELP has the right to deny or terminate services at any time if the client is not honest or forthright about their current living situation.

Parent/Guardian Signature

Date

I authorize Project HELP to access all of my students(s) academic records to assist with tutoring services.

Parent/Guardian Signature

Student's Name:	School/Grade:	Age:
Student's Name:	School/Grade:	Age:
Student's Name:	School Grade:	Age:
Student's Name:	School/Grade:	Age:
Student's Name:	School/Grade:	Age:
Student's Name:	School Grade:	Age:

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Office Use:				
Notes:				
Clothing size				
Тор	Pants	shoes	other	
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Distinction of				
Birthday				