

Helping Hands

RECIPIENT APPLICATION

APPLICANT INFORMATION

Name of Recipient:

Current address:

City:

State:

Zip Code:

Phone:

Email:

APPLICANT'S EMPLOYMENT INFO

Current employee or retiree:

Employer address:

of Years w/CDOT?

City:

State:

Zip Code:

Position:

NOMINATING PERSON

Name:

Current Address:

State:

City:

Zip Code:

Relationship to employee:

Phone:

Email:

EXPLANATION OF MONIES NEEDED

PLEASE PROVIDE AS MANY DETAILS ABOUT THE SITUATION AS POSSIBLE - ATTACH EXTRA SHEET IF NECESSARY

I authorize Helping Hands to verify the information provided on this form as to my receiving monies.

Signature of nominating person

Date

Signature of Applicant

Date



PLEASE SUBMIT THE APPLICATION TO

NICOLA UPRIGHT at uprightn@comcast.net

OR by mail to

Helping Hand, 4203 Stoneridge Dr., Ft. Collins, CO 80525

Update: 6/6/13

