

# Helping Hand 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

[Helpinghand4cdot@gmail.com](mailto:Helpinghand4cdot@gmail.com)

OR

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

Update: 1/2023

