



Date of request:	Funds needed by:
Name of applicant:	Date of birth:
Address: <i>(must be in Hancock County, Maine)</i>	
City/Town:	Zip Code:
Telephone:	Email Address:
Amount requested: _____ (maximum \$1,000) to meet the following needs: <input type="checkbox"/> Dental/Vision/Health <input type="checkbox"/> Housing/Home Improvements <input type="checkbox"/> Transportation <input type="checkbox"/> Other	
What are you trying to do?	
What do you need to accomplish your goal? Be specific, please.	



Service providers/vendors are paid on behalf of the applicant. Grants are not given directly to applicant.

Please contact the service provider or vendor who will give you this service and obtain permission for a representative of You've Got a Friend to speak directly to this person on your behalf. When this is arranged, please initial the line below and provide the service provider/vendor's contact information.

_____ Applicant's initials verifying that a You've Got a Friend representative has permission to speak with the chosen service provider/vendor.

Service provider/vendor contact information:

Name:

Address:

Phone number:

Person completing form:	Phone:
Relationship to applicant:	
Referring organization / agency (if applicable):	
Organization / Agency contact:	Phone:
Is the applicant willing to remain in contact with "You've got a Friend" to see how things worked out? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature of applicant (verifying accuracy of information contained in this application):	

Please return to: Nina Zeldin, 140 State Street, Suite 1, Ellsworth, Maine 04605
or by email: nina@healthyacadia.org