



457 Nathan Dean Blvd. Dallas GA. 30132

ASSISTANCE APPLICATION

First Name _____ Last Name _____

Street _____ City _____

State _____ Zip Code _____

Telephone _____ Email _____

Type of Assistance Needed _____

Reason For assistance _____

(Check One) I need help - _____ Immediately _____ Soon _____ Eventually

I am already receiving assistance- _____ YES _____ No

If yes, from whom? _____

Their Phone Number _____ Contact Person _____

Referred By _____

Personal Information - Please check the spaces that best describe you		
_____ Single	_____ Male	_____ Female
_____ Single Parent	_____ Children	_____ How Many
_____ Living With You	_____ How Old	_____ Children Sick
_____ Married	_____ Military	_____ Veteran
_____ Food Allowance	_____ Utility Allowance	_____ Have Transportation
_____ Employed	_____ Spouse Employed	_____ Senior Citizen
_____ Convalescent	_____ Pets	_____ How Many

If Vending Outreach Inc. cannot provide the services you request, we will provide you with the contact names and numbers of those organizations that can help. We have taken due diligence to assure our services and those services we recommend are reliable, however, Vending Outreach is not responsible for any adverse outcome of the services we offer or for services we refer.

Vending Outreach Inc.
P.O. Box 636
Dallas, GA 30132
678-264-8484

help@vendingoutreach.org
www.vendingoutreach.org

Name _____

Date _____ Initial _____