

Recco Richardson Consulting, Inc.
Santee Program

Request For Financial Assistance & Other Assistance

The Santee Program is a financial assistance and other assistance program designed to remove a temporary financial or other barrier. There is no requirement to re-pay the dollars/material awarded.

Today's Date: _____

Client's Name: _____

Residence: _____

Street

City/State

Zip Code

Phone #: _____

Home #

Cell #

Work #

Describe Nature of Need: _____

Amount of Financial Assistance Needed: _____

The Payment Should Be Made Payable To: _____

As a recipient of financial/other assistance, I acknowledge that the stated need is accurate and I attest to having provided or the ability to provide verbal/written documentation of the need.

Parent/Guardian's Signature

Date

Phone # _____ E-mail Address: _____

Health & Human Services Worker's Signature

Date

Phone # _____ E-mail Address: _____