

Larrabee Fund Association, Inc. of Greater Hartford
Client Reporting Form

To be completed by Larrabee Board members using information submitted by Social Worker.

Please use this form when presenting a client to the board. At the end of the meeting, submit the completed form to the treasurer with attached paperwork to include: Cover Sheet, Financial Form, Client Information Sheet, and bills approved for payment.

Client Status ☐ new ☐ old: date _____ Type of Support ☐ monthly ☐ one time

Client's Name _____

Address _____

Total Income _____ Total Expenses _____

Age _____ Disability/Illness _____

Referred by (Name, Agency) _____

One Time Request Amount _____ Stipend Request Amount _____

Purpose of Request (if Stipend, please include number of months requested)

Check made payable to _____

Check mailed to _____

Presentation Board Meeting Date _____

Amount Approved _____

Number of Months (if stipend) _____

Presenting Board Member Signature