

Larrabee Fund Association, Inc. of Greater Hartford Cover Sheet

Complete, print and mail (DO NOT EMAIL) this Cover Sheet, with the Financial Statement Form, to your Larrabee Board representative or Larrabee Fund, PO Box 271724, West Hartford, CT 06127. All forms and documentation must be received by a Larrabee Board member by the last Tuesday of the month to be considered at the following month's Board meeting.

Client Name _____ Date _____

Social Worker Name, Agency _____ SW Phone _____

List any state assistance programs the client is on _____

For One Time Requests: If multiple requests/bills are being submitted, please list separately:

Purpose of Request	Amount	Payable to	Bill Enclosed?	If no bill is enclosed, provide address for person/ entity identified as "payable to".	If additional sources of support have been or will be sought for this request, identify source and status of request.

For Monthly Stipend Requests:

Purpose of Request	Amount	Payable to	Bill Enclosed?	If no bill is enclosed, provide address for person/ entity identified as "payable to".	If additional sources of support have been or will be sought for this request, identify source and status of request.

THE FOLLOWING 7 yk QUESTIONS MUST BE ANSWERED

How long do you anticipate the client needing support? _____ 3 Months _____ 6 Months

What is the plan to sustain the client when Larrabee funding ceases?

Is this client NEW to Larrabee? YES NO

Please provide background or any additional information relevant to this request. If prior application has been filed - please describe action taken.