



# Request for Relief Form

CARES ACT 2020  
DAWNCIL

Click here to enter a date.  
Date

Click here to enter text.  
Agency Representative

Click here to enter text.  
Consumer Name

Click here to enter text.  
Consumer Representative

## Consumer Information

Click here to enter text.  
Address

Click here to enter text.  
City

State

Zip

Home Phone

Cell Phone

Click here to enter text.  
Email Address

Birthdate		Gender	Choose an item.	Ethnicity	Choose an item.
Residency	Choose an item.	Disability Type	Choose an item.	Click here to enter text.	

## Requests

BASIC NEEDS       TECHNOLOGY       OTHER

Describe request in detail showing need, how it is related to CoVID-19 pandemic and cost of request. Include information regarding any other financial assistance you have received to support this need. Please include at least 3 estimates

Click here to enter text.

Is this a necessity?       Is it CoVID-19 related?       Did you already purchase the item? – this disqualifies

Describe your desired goal or outcome from the request

Click here to enter text.

I, [Click here to enter text.](#) residing in the County of [Click here to enter text.](#) agree that the information provided in this application is true and accurate. I agree this request is for myself, that it is a reasonable necessity as a result of the CoVID-19 pandemic.

Please choose one option below:

Choosing either option will not change the services and support DAWNcil will provide, it is simply to define whether you would like these plans in writing or not. Regardless of my choice I understand that I have the right to change my mind at any time. I understand all my information is and will remain confidential.

YES, I want my Independent Living Plan in writing

\_\_\_\_\_  
Signature

NO, I **do not** want an Independent Living Plan in writing

\_\_\_\_\_  
Signature

Is eligible for services

Not eligible for services

DAWN Staff \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only

Approved

Reason for Denial \_\_\_\_\_

Denied

Recommendations \_\_\_\_\_

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Reviewer \_\_\_\_\_ Date \_\_\_\_\_

Reviewer \_\_\_\_\_ Date \_\_\_\_\_