



## DISASTER RELIEF GIVE AWAY AND GRANT REQUEST FORM

Please fill out this form and proceed to the registration table.

All persons requesting assistance must be present.

**NO EXCEPTIONS !      All grants are subject to director approval !**

Name			
D.O.B.		Occupation	
Address			
City		ZIP	
Phone		Email	

Answer the following questions	Yes	No
1.) Have you or a family member been effected by a recent disaster?	<input type="checkbox"/>	<input type="checkbox"/>
2.) Are you in need of assistance?	<input type="checkbox"/>	<input type="checkbox"/>
3.) Do any of your family members have disabilities?	<input type="checkbox"/>	<input type="checkbox"/>
4.) Are you or your spouse a Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
5.) Have you received assistance from Specialized Charites before?	<input type="checkbox"/>	<input type="checkbox"/>

## Names of Family Members in same household

1.)		4.)	
2.)		5.)	
3.)		6.)	

I am aware that it is my duty to submit truthful information. If found to be abusing give aways or programs I WILL BE BANNED from future events and will no longer be allowed on our SCG property.

☐ I agree to the posted terms of Specialized Charities Group Inc.

Date:

Signed:

ID Provided and Verified	
Grant Type Approved	



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SpecializedCharities.com**

**Thank You for your participation**