Los Ojos de la Familia

7916 Ranchitos Loop NW
Albuquerque, NM 87113
505-362-6073
www.losojosdelafamilia.com

EMERGENCY ASSISTANCE – Board-Sponsored Only

RECIPIENT GENERAL INFORMATION (*please print or type)*

Name:_____

Home Address:_____

Phone Home/Cell : _____ Email:_____

Total number/age of dependents:_____

Please provide detailed description of assistance needed, reason for need, how much is needed, and when it is needed:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Suggested Assistance Amount: _____

CERTIFICATION and AUTHORIZATION

I certify that, to the best of my knowledge, the information contained in this application is true and correct.

Sponsoring Board Member (Please print or type): _____

Signature:_____ Date:_____