



Application for Emergency funds

All applicants must be a trans person, 18 years or older, or have a parent/guardian fill out the form.
Please fill out the form below as completely as possible.

Application does not guarantee acceptance.

We have limited funds so we may not be able to help everyone.

We require a background check on all applicants. Depending on the results, funds may be denied.

Full Legal Name of applicant: _____

Full trans name if different: _____

Full Name of Parent/Legal Guardian or Legal Representative: _____

Age of applicant: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

Email address: _____

DOB: ____/____/____

SSN*: _____ - _____ - _____

Which program are you applying for: (Check all that apply, you may qualify for all or partial)

Emergency housing (maximum up to two weeks)

Emergency medications (note: hormones are not considered an emergency, maximum \$250)

Emergency food (maximum \$200)

Life basics (such as toilet paper, toiletries, etc, maximum \$100)

I hereby declare that I am a trans person _____ (initial)

Signature: _____ Date: _____

*Information collected is for internal use only and will never be sold, rented or given out to other companies/organizations, except for background checks.

FOR OFFICE USE ONLY

Date Received: _____ By: _____ Title: _____

Background check completed? _____ Results: _____

Program(s): EH EM EF LB (circle all that apply.)

Notes: _____