

The Josie Foundation Inc.
CONFIDENTIAL REQUEST FORM

Contact Information for Person Referring Individual			
Name			
Telephone #		Email	
Individual Contact Information Required			
Individual Name			
Address			
Community			
Telephone #		Email	
Number of People in the Household			
Description / Purpose of Financial Request:			
Other Financial Support Received:			
Has the person received help from the Josie Foundation in the past		Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
When is the best time to call? am <input type="checkbox"/> pm <input type="checkbox"/> anytime <input type="checkbox"/>			
May we leave a message? Yes <input type="checkbox"/> No <input type="checkbox"/>			
We strive to make contact within ten days. Is this more urgent? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Medical Information			
Nature of Illness - Please Note - Medical Confirmation May Be Required			
Individual Informed Consent - Required			
In order for us to accept this request, you must gain permission from the Individual before contacting us. The personal information collected on this form will only be used by The Josie Foundation Inc. to contact the Individual regarding their information and support needs.			
Yes <input type="checkbox"/> No <input type="checkbox"/> The Individual has given their permission to be referred.			
Signature:		Date:	

Boundaries of The Josie Foundation: Including the area of the Rural Community of Upper Miramichi (RCUM) to the boundary East of Douglastown on the North Side of the River and Black River on the South Side. This includes those Communities along the Northwest Miramichi River.

Assistance Frequency: The Josie Foundation will assist an individual at max - Twice per Calendar Year.

Send Completed application to: The Josie Foundation Inc.
PO Box 371, Red Bank, NB E9E 2P2 or email josiefoundationmiramichi@gmail.com
Please Note Faxed Applications will not be accepted.