

# The Josie Foundation Inc.

## CONFIDENTIAL REQUEST FORM

<b>Contact Information for Person Referring Individual</b>			
Name			
Telephone #		Email	

<b>Individual Contact Information Required</b>	
Individual Name	
Address	
Telephone #	
E-mail	
Number of People in the Household	
Number of Children (18 and under)	
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 identifying ourselves as The Josie Foundation? Yes <input type="checkbox"/> No <input type="checkbox"/>	
We strive to call the contact person within ten days. Is this request more urgent? Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>Individual Informed Consent - Required</b>	
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. For more information call (506) 773-7370	
<b>YES, the Individual has given their permission to be referred.</b>	
Signature:	Date:
Nature of Chronic Illness:	
Description / Purpose of Financial Request:	
Other Financial Support Received:	

Send Completed application to: The Josie Foundation Inc.,  
PO Box 373, Red Bank, NB E9E 2P2 or email [josiefoundationmiramichi@gmail.com](mailto:josiefoundationmiramichi@gmail.com)

**The Josie Foundation Inc.**

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***Other Pertinent Information***

Office Use:	
Approved	YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Approved	
Assistance Provided	
Date Issued	
Comments	

**Signature:** \_\_\_\_\_