

**LEFLORE COUNTY CHAPTER
BIKERS MAKING A DIFFERENCE (BMAD)
ASSISTANCE REQUEST FORM**

Requested by: Members Name _____ Date: _____

Recipient's Name: _____

Address: _____

City: _____ State _____ Zip: _____

Phone #: (918) _____, (M) # _____ (F) # _____, Age: _____

Number of Children in Household: _____ Ages: _____

Total # of People in Household: _____

Description and Details of Need

(Use back of this sheet if additional space is needed.)

The need description above is true and correct to the best of my knowledge

Member's Signature: _____ Date: _____

Donation of Food Only: _____, Cash Only: _____ Both: _____

Approved () Amount: _____, Check # _____

Disapproved () No action, need additional information ()

Investigation Committee Signature: _____ Date: _____

Officers Signature: _____ Date: _____

Investigation Committee Questionnaire (to ask the consenting adult we are going to help)

Do you own an automobile? Y.() N.() Year_____ Make_____.

Are you currently employed? Y.() N.() Employers Name._____.

1. How long have you been employed? Approximate Years:_____.

2. Income \$ Amount Monthly \$_____.

3. Do you receive any kind of public assistance? Y.() N.() If yes, dollar amount: \$_____.

4. Food stamps? Y.() N.() If yes, dollar amount: \$_____.

5. Do you own your home? Y.() N.() Do you have insurance? Y.() N.()

6. Do you or a member of your household receive any of the following types of assistance?

a. Military Disability? Y.() N.() Amount \$_____.

b. SSI? Y.() N.() Amount \$_____.

c. WIC? Y.() N.() Amount \$_____.

d. HUD? Y.() N.() Amount \$_____.

e. Child Support? Y.() N.() Amount \$_____.

f. Social Security Disability? Y.() N.() Amount \$_____.

g. Other? Y.() N.() Amount \$_____. Description_____.

7. Have you sought assistance from any other organization? Y.() N.()

Organization Name _____ Amount Received \$_____.

8. Have you ever requested our assistance before? Y.() N.() If so when? (Year_____)

9. Do you consent to photograph use in newspaper? Y.() N.()

Requesters Signature _____.