



Alternatives Family Relief Fund

Are you located in Chicago?

Yes

No *If no, do not continue, we are only able to accommodate requests local to Chicago.*

CONTACT INFORMATION:

First/Last Name *

Phone *

Email *

Are you under the age of 18?*

Yes →

If yes, please include the name, email, and phone number of your parent or guardian below:

No

Guardian Name

Email

Phone #

Primary Alternatives Contact

Please list the Alternatives services/programs you are part of and the staff who is your primary contact at Alternatives*

PARTICIPANT INFORMATION:

Household Demographics

Number of Adults in Household *

Number of Children under 18 in Household

Desired Amount *

\$

We know the need across the community is great. Please only ask for what you need at this time. We will do our best to meet your needs. We may request additional documentation of your stated need. Funds will be distributed on a first come, first served basis.

We will continue fundraising and hope to make this Fund available again.

Complete this form, scan and send to familyrelief@alternativesyouth.org. If you need assistance completing this form, or would prefer to complete via phone, please call Liz Palacios (708)789-9024 or Miguel Rodriguez (773)257-3537.

Information shared in this document is for Alternatives use only and will not be distributed externally.



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Funding Need(s) *

- Rent
- Groceries
- Child Care
- Utilities
- Other: _____

I am currently eligible for unemployment benefits *

- Yes
- No

Fund Distribution

- I prefer to accept payments with a bank transfer.**

Bank Name: _____

Account Number: _____

Routing Number: _____

Your information will be secure and will be utilized only to transfer Alternatives Community Relief Fund payments.

- I prefer to accept electronic payments via Venmo or Quickpay.**

Please transfer the money to the following account:

- I prefer a gift card:**

Please select one.

- Visa
- Target
- Jewel Osco
- Walmart
- Amazon

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