



Individual Allocation Report – Form # 3

Recipient Name: _____

Agency _____ Agency Representative _____

Agency Contact Address _____

Phone _____ Cell _____ Fax _____

Recipient characteristics:

- | | |
|--|---|
| <input type="checkbox"/> Impeded from Achieving Self-Sufficiency | <input type="checkbox"/> Proven Stability |
| <input type="checkbox"/> Proven Desire to Become Self-Sufficient | <input type="checkbox"/> Resident of Avery or Watauga County
(please circle which) |
| <input type="checkbox"/> Willing to Work with Agency Sponsor | <input type="checkbox"/> Signed Confidentiality Release Form |

Please tell us about the recipient and why you believe she is a good candidate for HCWF

Amount Funded _____ Date Approved _____

Number of dependents _____

Money received will be used for the following impact areas: (check all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Personal Needs
(healthcare, work related, etc) |
| <input type="checkbox"/> Children's needs | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Education | |
| <input type="checkbox"/> Housing | |

*If checking more than one area, note approximate percentage of total allocation for each area.





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Please tell us more details about how this money will help the recipient reach self-sufficiency and meet her goals.

Include plans for meeting these financial needs in the short and long term future.

Has this woman received money from the HCWF before? _____

If yes, please list when, amount, and through which agency _____

Agency Representative (printed)

Title

Agency Representative Signature

Date

Remember to note individual allocations on your agency Distribution Report form #5.

