

Attachment A



**Immanuel Lutheran Church (ILC)
COVID-19 Relief Program (CRP)
Assistance Request Form**

Contact Information (please print)

Name	Last name	First name
Mailing address	Street address	City, State, Zip
Phone contact	Home	Cell
Email address		
Date		

Reason for Request (for example, job loss, reduced hours related to COVID-19)

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Type of Need:

- Financial assistance (limited to \$250 per household) Amount requested \$ _____**
- Volunteer assistance (for example, help getting groceries, running errands, driving to appointments, yard work, socially distanced visits, etc.)**

Description of Need:

Please describe below the volunteer assistance needed or how requested funds will be used. Help with basic needs such as food, shelter, medical care, transportation and/or assistance while sheltering in place are given priority.

707 W Fort Street
Boise, Idaho 83702