

Vital Reach Inc.
Support Eligibility Form

Email: vitalreachinc@gmail.com

Please send completed form to: vitalreachinc@gmail.com

Date of Application: _____

Applicant Name: _____

Date of Birth: _____ **Phone Number:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Email Address: _____

1. Reason for Requesting Support (check all that apply):

- Change in personal or family circumstances
- Health or wellness needs
- Mental health concerns or emotional well-being needs
- Housing or living situation changes
- Unemployment
- Financial stressors
- Other (please specify): _____

2. Household Information:

Number of people in household: _____ Number of dependents: _____

(Optional: This helps us better tailor support to your needs.)

3. Tell Us About Your Situation:

Please share anything you feel comfortable telling us about your current circumstances and how Vital Reach Inc. can best support you.

4. Type of Support Requested (check all that apply):

- Program participation flexibility (schedule, format, or accommodations)
- Connection to community resources
- Priority placement in programs or services
- Financial assistance or resources
- Mental health support or referrals
- Mentoring and guidance
- Educational resources
- Other: _____

5. Agreement

I understand that the information I share will only be used to connect me with the most appropriate and helpful support.

Applicant Signature: _____ Date: _____

Staff Signature: _____ Date: _____

For Office Use Only

Approved In Progress Not Approved

Notes/Reason:

Support Provided:

Approval Date: _____ Reviewed By: _____