129 West Fowlkes St., Suite 143
Franklin, TN 37064

615-790-5815 phone
615-790-5891 fax
www.thearcwc.org

Achieve with us.

CARES ACT INTAKE FORM

Date: _____ Head of Household: _____

Name and age of Family Member(s) with Disability: _____

Nature of Disability: _____

Family's Address: _____

_____

Phone: _____ E-mail: _____

Reason for request for Covid 19 related financial assistance: _____

_____

Indicate below the amount(s) next to the items you are requesting assistance with

Monthly rent/mortgage: _____ Monthly utilities: _____

Monthly car payment: _____ Monthly medical insurance premiums: _____

To comply with Title VI the following information is requested:

Caucasian _____ African-American _____ Hispanic _____ Other _____

Female _____ Male _____

By signing and dating this form, I indicate that all the information above is true and accurate.

Signature: _____ Date: _____

Empowering people with intellectual and developmental disabilities

United Way of Greater Nashville