



**DIRECTIONS:** Please complete the information below and scan or take a picture and email it to [AccessToRecoveryinc@gmail.com](mailto:AccessToRecoveryinc@gmail.com). If unable to do so, please compile all answers in a basic email

## ATR BASIC NEEDS ASSISTANCE REQUEST

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Contact Information: \_\_\_\_\_

### Type of Request (check all that apply)

- ☐ **Clothing:** Basic clothing, including for newly acquired job.
- ☐ **Transportation:** RIPTA bus vouchers
- ☐ **Food:** One-time assistance for groceries
- ☐ **Medication:** One-time assistance for prescription or over-the-counter
- ☐ **Other:** Please describe below

### Goals

Briefly tell us why you are requesting this grant, how it will help you and the plans you've made for continued success in your recovery:

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#### Agency use only:

Status of request:	Payment :								
<input type="checkbox"/> Approved	<table border="1"><tr><td>Agency</td><td></td></tr><tr><td>Contact</td><td></td></tr><tr><td>Amount</td><td></td></tr><tr><td>Date</td><td></td></tr></table>	Agency		Contact		Amount		Date	
Agency									
Contact									
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Date									
<input type="checkbox"/> Denied									