



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

ATR PHONE/INTERNET ASSISTANCE REQUEST

Date of Request: _____

Name: _____

Date of Birth: _____

Cellphone or Internet provider: _____

Cell phone # or Internet Account #: _____

Type of Request (check all that apply)

- ☐ **Phone:** Monthly Payment
☐ **Internet:** Monthly Internet

Goals

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

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									
Amount									
Date									
<input type="checkbox"/> Denied									