



Current Need Request Form

You only need to submit an Application for Assistance once,
but please fill out this form each time you request aid from Cystic Fibrosis Northwest.

Please provide the following information:

Name: _____

Date of request: _____

Due date on bill or need: _____

Amount needed: _____

Please check all that apply.

- Direct medical costs
- Transportation
- Living expenses
- Other

Please explain the type of assistance that you are requesting, and please describe any assistance you are receiving from other sources, such as another non-profit or family members.

Declaration

I verify that the information provided is accurate to the date of signature. I understand that the board of Return to Life makes all grant decisions and that the decisions of the board are final. I will provide any additional requested documentation to the board to assist in grant determination. I understand that if I am unwilling or unable to provide additional information, the board may not be able to process my application. This document does not imply a contract or promise of support in any way. Return to Life reserves the right to change or discontinue support at any time.

signature

date

parent/guardian signature

date

Submission

Please send the completed application to *Cystic Fibrosis Northwest, 120 State Avenue NE, #303, Olympia, WA 98501*, or by email to *info@cysticfibrosisnw.org*.