

**QUOTA CLUB OF WATERLOO  
SERVICE REQUEST TO DISADVANTAGED WOMEN AND CHILDREN FUND**

Date:\_\_\_ Amount Requested:\_\_\_ Action Needed by: \_\_\_\_\_

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

Address:\_\_\_\_\_ Phone:\_\_\_\_\_

Referral Agency:\_\_\_\_\_

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

Explanation of Need:

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(Please use reverse side for additional comments)

Family members and ages: \_\_\_\_\_

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..... **Family Income (if requested)** .....

**Employment:**

Father: \$\_\_\_\_\_ per week                      Where Employed: \_\_\_\_\_  
Mother \$\_\_\_\_\_ per week                      Where Employed: \_\_\_\_\_  
Out of school children \$\_\_\_\_\_ per week      Where Employed \_\_\_\_\_  
Relatives:\$\_\_\_\_\_ per week      Child Support: \$\_\_\_\_\_      Unemployment:\$\_\_\_\_\_  
Social Welfare:\$\_\_\_\_\_      Social Security/SSI:\$\_\_\_\_\_  
Church Agencies:\_\_\_\_\_      Family Service League:\_\_\_\_\_  
Other Services:\_\_\_\_\_

**Expenditures:**

Monthly: Food \$\_\_\_\_\_ Rent/House Payment \$\_\_\_\_\_ Utilities \$\_\_\_\_\_ Other:\$\_\_\_\_\_  
Outstanding bills:\_\_\_\_\_

Amount Approved \_\_\_\_\_ Date \_\_\_\_\_

Committee Chair \_\_\_\_\_

Acknowledgement /Receipt/Use of funds received. Submit to Committee Chair within 20 days.

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