

Application for Services



TO BE FILLED OUT BY THE CLIENT REQUESTING SERVICES
(For an Eva Foundation intake person)

Name: _____ **Male / Female** (circle one)

Address: _____

Phone: _____

E-mail: _____

Ethnicity: Caucasian/White African American Indigenous/Aboriginal Person
 Asian/Pacific Islander Hispanic Latino Multiracial Alaskan Native

Age: Under 18 19-29 30-39 40-49 50-59 60-69
 70-79 80 and above

Referring Agency: _____

Agency Contact: _____

Phone: _____ **E-mail:** _____

ADULT SERVICES REQUESTED

PET SERVICES

CHILD SERVICES

___ Hair Cut ___ Dental (please explain)
___ Hair Color ___ Business Clothes
___ Manicure ___ Resume Assistance
___ Pedicure ___ Interview Skills
___ Make Up
___ Glasses ___ Other (please explain)

___ Food
___ Kennel
___ Collar or Leash
___ License
___ Vet Services
___ Other (please explain)

___ Hair Cut
___ Glasses
___ Dental
___ Clothing
___ School Supplies
___ Other (please explain)

The Eva Foundation provides no services directly, but refers you to the providers of services needed by each client. Please note: Form must be signed by applicant. Not every service will be provided for every client. Please, allow 2 weeks for complete processing.

Signature: _____

Date: _____

WE SERVE ANYONE THAT HAS BEEN A VICTIM OF ABUSE AND "HAS DEMONSTRATED A COMMITMENT TO LEAVING AN ABUSIVE RELATIONSHIP" AS DETERMINED BY PARTICIPATING AGENCY, CASEWORKER, OR BY INDEPENDENT VERIFICATION OF THE BOARD.

Fax this form and the statement of understanding to: 1-800-709-1750

Office Use Only

Approved _____ Date Received _____ Date Completed Not Approved



Statement of Understanding

When you are a recipient of Eva Foundation services or an agency representing a referral, please be advised of the following policies:

We strive to meet the needs of all referrals in as timely a manner as possible. The Foundation will respond within two weeks of receiving an application. All contact information must be completed on the application. Until the information is completed and received either directly from the applicant or the referring agency, the application will not be processed.

Communication is important in helping all referrals who apply to the Eva Foundation. The Executive Director will follow up with the agency or referral directly as needed, on a case by case basis.

Partnerships, such as dental, vision, and resume service providers in the community who support the Eva Foundation reserve the right to revoke professional services if an appointment is made and the referral is a 'no show'. Out of respect for our partners, **if you need to cancel or change an appointment, please note that 24-48 hours notice is required.** If this guideline is not met, the provider of that service is not obligated to reschedule.

If you receive a gift card for professional grooming, or any other service, please call first to make an appointment. Many businesses do not have openings for walk in appointments. Quality of service is important to the Foundation, please be respectful of the businesses that are providing the services. **If you need to cancel or change an appointment, please note that 24-48 hours notice is required.** If this guideline is not met, the provider of that service is not obligated to reschedule.

Please note all referrals are responsible for providing truthful history to the agency that is referring them or directly to the Foundation. If any referral is not being honest about their history, the referral will be terminated from the program.

The Foundation is in the business of helping people start a new beginning, after leaving a life of abuse. The Foundation reserves the right to refuse services to anyone.

By signing this application, I understand the policies of the Eva Foundation, and will adhere to all guidelines noted above.

Print Name: _____

Signature: _____

Date: _____