

# Application for Services



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

**Male / Female** (circle one)

**First:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last:** \_\_\_\_\_

**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

- |                                     |  |  |  |   |
|-------------------------------------|--|--|--|---|
| <input type="checkbox"/> Hair Cut   | <input type="checkbox"/> Dental (explain)  | <input type="checkbox"/> Food (note type & age)      | <input type="checkbox"/> Hair Cut        | <input type="checkbox"/> *Cakes for Kids      |
| <input type="checkbox"/> Hair Color | <input type="checkbox"/> Business Clothes  | <input type="checkbox"/> Kennel (note size)          | <input type="checkbox"/> Glasses         | <input type="checkbox"/> *A Night to Remember |
| <input type="checkbox"/> Manicure   | <input type="checkbox"/> Resume Assistance | <input type="checkbox"/> Collar or Leash (note size) | <input type="checkbox"/> Dental          |   |
| <input type="checkbox"/> Pedicure   | <input type="checkbox"/> Interview Skills  | <input type="checkbox"/> License                     | <input type="checkbox"/> Clothing        |   |
| <input type="checkbox"/> Make Up    |  | <input type="checkbox"/> Vet Services                | <input type="checkbox"/> School Supplies |   |
| <input type="checkbox"/> Glasses    | <input type="checkbox"/> Other (explain)   | <input type="checkbox"/> Other (explain)             | <input type="checkbox"/> Other (explain) |   |

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\_\_\_\_\_

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. The mission of the foundation is to help survivors of abuse regain their self confidence and independence to build a better life. The Foundation reserves the right to refuse services to anyone.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*WE PROVIDE SERVICES TO SURVIVORS OF ABUSE WHO "HAVE 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**

Form Revised on June 29, 2011

1120 E Huffman Road # 324, Anchorage, Alaska 99515 P: 907-632-5666 F: 800-709-1750 W: www.evafoundationalaska.org



### 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.

The Eva Foundation is not responsible for services provided by Eva Foundation Partners nor does a partner referral constitute an endorsement. It is the understanding of the signee that all service issues resulting from a partner referral must be resolved by the signee and the business partner.

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 mission of the foundation is to help survivors of abuse regain their self confidence and independence to build a better life. 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: \_\_\_\_\_