

COVID 19 At-Risk Community Support Efforts

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Get Help

Do you, or do you know someone who is in need of aid?

Please complete the form below so we can effectively meet your needs

Full Name

First Name

Last Name

This person is

☐ Myself

☐ Spouse

☐ Parent

☐ Neighbor

☐ Other

Please supply contact information for the person in need.

E-mail *

Phone Number *

Area Code Phone Number

What type of help is
needed? *

☐ Food

☐ Errands

☐ Welfare Check

☐ Other

Comments

SUBMIT



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