



6808 W. Cheyenne Ave., Suite 6808, Las Vegas, Nevada 89108
 Toll Free: (855) 511-8880 • Local: (702) 395-HELP (4357) • Fax: (702) 974-HELP (4357)
 Email: info@medtyme.org • Website: medtyme.org

ASSISTANCE REQUEST FORM

Agency/Company Business Name:				Date:	
Agency Contact Representative(s):				Dept.:	
Office Phone:		Office Fax:			
Mobile:		Email:			
Client's Name:		Client Phone:			
Client's Information:	Birth Date:	Last five SSN.	Zip Code:	Work Status:	# of Dependents:
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Reason for Assistance:					
Items Required:	1)	2)	3)		
Signature:				Title:	

* Please describe on company letterhead details of the hardship or reason for referral. Client must complete form and included the patient's/recipient's facility face sheet.

- Child -Youth -Teen (at risk youth & teens) -Young adults receiving state assistance.
- Low income family, single parents and families with minor children.
- Senior' receiving assistance from a local agency, state or government agency.
- Disabled individuals, less fortunate, deprived or experiencing a temporary hardship.
- Currently, the recipient is receiving sufficient monthly income and is not eligible for a charitable contribution therefore, he/she would like to make an affordable contribution in the amount of \$_____ for services, medical equipment/supplies.

▪ **MEMRA** emergency relief assistance policy provides resources, referrals, aid and support for eligible recipients. Services provided regardless of race, gender, religion, color, age, marital status, sexual orientation, diagnosis, medical condition, or national origin.

▪ If your client is experiencing a hardship, less fortunate, underprivileged or deprived and need assistance for a valid emergency, requests are reviewed on case-by-case circumstances. Request for assistance must also fall within the mission of Memra's emergency relief charity policy. (Education, Medical, Social and Financial). (Charitable, Rental or by an Affordable Donation).

▪ Requests for assistance must be referred by a licensed professional, such as a nurse, physician, social worker, or a representative from an approved local business, state or government agency. If eligible for charitable assistance, referrals are approved for pick-up based on item availability.

Please send form by **fax and include all supporting documents**. Note: Incomplete forms or documents not provided, your request will not be processed. Please contact Rosalind or Maryion at MEMRA | Kommunity Konnection Resource Center with questions or concerns.

Call: Toll Free: 855-511-8880 • Local: (702) 395-HELP (4357)
Email to: info@medtyme.org • memranv.org