

**Request for Assistance Form**

Date/Fecha: \_\_\_\_\_

Language Preference/Idioma Preferido: English \_\_\_\_\_ Spanish \_\_\_\_\_

Male/ Hombre: \_\_\_\_\_ Female/ Mujer: \_\_\_\_\_ Date of Birth/Fecha de nacimiento: \_\_\_\_\_

Name/Nombre: \_\_\_\_\_

Phone number/ Número de teléfono: \_\_\_\_\_

Email address/correo electrónico: \_\_\_\_\_

Address/Dirección: \_\_\_\_\_

City/Ciudad: \_\_\_\_\_ Zip Code/Código Postal: \_\_\_\_\_ County/Condado: \_\_\_\_\_

Hispanic/Latino: Yes/Si: \_\_\_\_\_ No/No: \_\_\_\_\_

Race/Raza: Black/Negro: \_\_\_\_\_ White/Blanco: \_\_\_\_\_ Asian/Asiático: \_\_\_\_\_  
American Indian: \_\_\_\_\_ Other/Otro: \_\_\_\_\_

Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**LEAVE BLANK - FOR OFFICE USE ONLY/ NO LLENAR - PARA USO OFICIAL**

CHW: \_\_\_\_\_ Client Notified: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Resolution: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_