

Total Dollars Spent: \$\_\_\_\_

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## **Criteria for Help**

Although no list of criteria will ever be complete this is a checklist to help target whom we may help
Name: Date:
s this person currently under medical care? Circle one: YES or NO
If yes how long:
s this person currently under Hospice care? Circle one: YES or NO
If yes how long
s this person a caregiver? Circle one: YES or NO
s this person receptive to "help?" Circle one: YES or NO
Ooes this person or caregiver appear to have limited to no support group? Circle one: YES or N
s there a general appearance of needing help? Circle one: YES or NO
Has this person asked for help? Circle one: YES or NO
s the question of help relatable to the person? Circle one: YES or NO
s this person capable of paying forward when better? Circle one: YES or NO
Are we financially able to complete the task? Circle one: YES or NO
Donation Disbursements:

May God bless and keep you always May your wishes all come true May you always do for others And let others do for you May you build a ladder to the stars And climb on every rung And may you stay forever young.

Bob Dylan