



2721 Staples Ave Key West, FL 33040 (813)786-3345

Facebook: [Cheryl Cates Memorial Foundation](#) Email: info@cherylcates.org

Assistance Application

Name: _____ Email: _____ Date: _____

Address: _____ Phone: _____

Describe the type of assistance you are needing: _____

Describe the reason you are needing assistance: _____

Please provide a copy of your Photo ID with application

I, the undersigned applicant, attest that the above information contained herein to be true and factual.

Signature: _____ **Date:** _____

What other agencies have you contacted? _____

Applicant agrees to provide more information and references upon request

