



CONTRIBUTION FORM

Dear _____,

We are trying to determine if you give assistance to the people in _____ household.

Please answer the following questions and return this letter by _____ to Smart Start Rowan at 1839 W. Jake Alexander Blvd., Salisbury, NC 28147 or fax to 704-630-6259.

1. Are you related to any of the persons in the household? Yes No
If yes, list you and how you are related: _____
2. Do you give money to any person in the household? Yes No
 - a. Who is the money for? _____
 - b. How much do you give them? \$ _____ How often? _____
 - c. On what day of the week? Sun Mon Tues Wed Thurs
 Fri Sat
 - d. How much money did you give them in the following checked months?

_____ January \$ _____	_____ May \$ _____	_____ September \$ _____
_____ February \$ _____	_____ June \$ _____	_____ October \$ _____
_____ March \$ _____	_____ July \$ _____	_____ November \$ _____
_____ April \$ _____	_____ August \$ _____	_____ December \$ _____
 - e. Is the money considered Child Support? Yes No
If yes, is it court ordered? Yes No
If yes, what county and state? _____
 - f. Is the money considered a loan? Yes No
If yes, what is the repayment schedule? _____
3. Do you pay or help pay any of the following bills for the family?

	Yes	No	If yes, how much do you pay?
Rent/Mortgage	_____	_____	_____
Electricity	_____	_____	_____
Gas	_____	_____	_____
Water	_____	_____	_____
Phone	_____	_____	_____
Personal Items	_____	_____	_____
4. If you have stopped giving money to anyone in the household, when was the last time you gave them money? _____
5. If you have not started giving the household money yet, but intend to, when will it start? _____ and how much? _____ and how often? _____
6. Do you know of anyone else who helps the family? Yes No
 - a) Who? _____ What kind of help? _____

Signature _____

Date _____

Phone Number _____

Address _____