



Service Request Form

Date: _____

Downeast Community Partners' (DCP) mission is to improve the quality of life and reduce the impact of poverty in Downeast communities. Please provide the information below and a DCP staff member will reach out to you within two business days. **Please do not include Social Security Numbers on this form.**

Personal Information

Name: _____ DOB: _____

Phone Number: _____

Home Address: _____

Translator Needed: Yes No Language: _____

Total Number of People in Household: _____ Children under 5 years old _____

Children over 5 years old _____ Adults over 65 years old _____

Services Needed

Please check the services you require:

Clothing

Early Care and Education

Rent Assistance

Whole Family Coaching

Housing

Maternal Child Health

Food

Elder Services

Electricity Bill Assistance

Transportation

Heating Assistance

Car Repair

Other (Please specify): _____

Notes: _____

*Yes, I would like to receive a phone call about the services and supports indicated above.

*Signature: _____ Verbal permission has been received

*Date _____

Referring Organization: _____ Name: _____

Phone: _____

Please Return completed form to: intake@dcpcap.org or fax to 207-610-5121
For questions please call 207-610-5864