

National Kidney Foundation of Georgia
2951 Flowers Rd. South Ste. 211
Atlanta, GA. 30341
770-452-1539
1-800-633-2339

For Committee Use Only
S.E. _____
Macon _____
Carefree _____
General _____

Date _____

CRISIS INTERVENTION FUND APPROVAL/DENIAL FORM

Patient's Name _____ Social Worker's Name _____

Center Name _____

Phone Number _____ Fax Number _____

Approved _____ Amount _____

Denied _____

Reason:

- () Lack of documentation of other resources, if available (see "www.unitedwayatl.org" for resources)
- () Did not include bills, invoices, receipts or statements
- () Incomplete documentation of problems/ crisis
- () Did not send all assigned members the application
- () Other applied for funds still pending
- () Income : Expense ratio does not express need
- () Other _____

If you have any questions regarding the above, please contact the Chairperson of the Crisis Intervention Committee.