



**JACKSON 3 FOUNDATION  
INTAKE FORM**

**Personal Information**

Full Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Phone # \_\_\_\_\_

**Information on the Deceased**

Name of the Deceased \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Passing \_\_\_\_\_

Cause of Death \_\_\_\_\_

Occupation \_\_\_\_\_

Socio Economic Status  
(low, middle, high) \_\_\_\_\_

How did the deceased provide for child/children prior to his/her passing?

Was the deceased actively involved in the child/children's life?

Briefly describe how the death affected the child/children?



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**Demographics of the Child/Children**

Child's Name			
Date of Birth			
Relationship to the Deceased			
Age of child when the deceased passed			
Gender			
Race/Ethnicity			
Primary Language			
Any special needs			

**Academic Status of the Child/Children**

Child's Name			
Primary or High School Amount of Tuition			
Grade (if applicable) Year of Graduation			
College (if applicable) Major Amount of Tuition Year of Graduation			
Do you expect the child to continue their education? Yes/No			
Fraternity/Sorority (if applicable) Dues			



## JACKSON 3 FOUNDATION INTAKE FORM

### Program Interests:

Please check the programs or services you are interested in:

- Funeral Expense Assistance
- Educational Support
- Emotional Support
- Resource Referrals
- Financial Aid and Planning
- Social Security Services
- Extracurricular Activities Support
- Farm to Table Program Support
- Floral Cultivating and Wellness Program
- Meal Plan and Collaboration with Local Nonprofits and Restaurants
- Utility Service Support
- 16<sup>th</sup> Birthday Milestone Program
- Youth Philanthropy Leaders Program
- Paid Internship Program
- Research and Development Program

### Please provide any supporting documents related to your program of interests:

Supporting Documents (e.g., death certificate, education enrollment, etc.)

Other: \_\_\_\_\_



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**How Can We Further Assist You?**

Please describe how Jackson 3 Foundation can further assist you and your family or the individual you are representing. Are there specific needs or support services you are seeking aside from the above?

By checking the boxes above and submitting this form, you acknowledge that the Jackson 3 Foundation may contact you to discuss your needs and provide support.

***I consent to the Jackson 3 Foundation contacting me.***

I hereby declare that the information provided on this form is true and accurate to the best of my knowledge.

Applicants' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Submission Instructions:***

Please submit this completed intake form and all required documents to the Chief Development Officer. If you have any questions or need assistance with the application process, please contact us at [admin@jackson3foundation.com](mailto:admin@jackson3foundation.com) or visit our website [www.jackson3foundation.com](http://www.jackson3foundation.com).

Thank you for completing the J3F Intake Form. Our team will review your information and contact you shortly to discuss how we can best support you and your family during this time of need.

***For J3F to complete***

Received via:  Email  Mail

**Acknowledgement:**

By signing below, I acknowledge that the specified documents/forms have been received from the individual on the date mentioned above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note/Comments:

