



## Helping Hands for the Deaf application for help

This document is an application for services for HHD. It helps us keep a record of how many people we help. WE want everyone to fill one of these out when they get services with HHD. This protects us so they cant sue us and hopefully not gossip about us...they send it to [info@helpinghandsforthedeaf.org](mailto:info@helpinghandsforthedeaf.org). we will be in touch with them within 48 hours.

Applicant's Name \_\_\_\_\_

Text or phone no \_\_\_\_\_

Email address \_\_\_\_\_

VP number \_\_\_\_\_

Do you want help getting a job? \_\_\_\_\_

Do you want help getting citizenship? \_\_\_\_\_

Do you want help getting housing? \_\_\_\_\_

Do you want help with your language skills? \_\_\_\_\_

Any other type of assistance you need?

---

I represent that the information provided in this application is true and correct to the best of my knowledge. In the same way, I agree to keep this information confidential. HHD is not liable for any misinformation, inaccuracies, or obscurantism

Helping Hands for the Deaf a non profit organization and our services are free. We rely on the truth of those we are helping and we promise to keep all this information confidential. We hope to get back to you within 3 days of the application.

Applicant's Signature \_\_\_\_\_