



## Coronavirus Community Support Form

Dear [Community Association Name] Neighbors,

In this uncertain time, let's come together as a community and help each other as best we can. The board would like to get a sense of your potential needs as well as your ability to assist other neighbors. Use the back of the form for any additional suggestions on how we can be better prepared and better support one another.

*Completed forms should be deposited by [insert date] in the [insert location]. Thank you!*

Name (first name only if you prefer): \_\_\_\_\_

Address/Unit # \_\_\_\_\_ Number of people in your household \_\_\_\_\_

Email (if applicable): \_\_\_\_\_

Cell phone: \_\_\_ - \_\_\_ - \_\_\_ Landline (if you have one): \_\_\_ - \_\_\_ - \_\_\_

\_\_\_ **1) I may need assistance.** Check boxes that apply.

- Pick up of groceries I will use to cook
- Pick up of medicines/prescriptions
- Pick up of general pharmacy/personal care items
- Transportation to medical care
- Prepared meals
- Other: \_\_\_\_\_

\_\_\_ **2) I would like to help my neighbors.** Check boxes that apply.

- Pick up groceries/medicines/other items
- Prepare meals
- I'm happy to help with whatever the needs are!
- Other/special skills: \_\_\_\_\_

*Completion of this form is entirely voluntary. All information gathered will be treated confidentially.*