



**GARS Cares**

*Helping Hands for our School Community*

**GARS Cares Request Form**

**Also available under the Community Tab on gars-online.com**

*You may submit this form in backpack mail with GARS Cares written on the envelope or submit form via email to [garscares@gmail.com](mailto:garscares@gmail.com).*

**Requested by:** \_\_\_\_\_self or name/phone/ email of submitter:\_\_\_\_\_

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**Recipient:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email and Phone: \_\_\_\_\_

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**Care Dates**

Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Estimated End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**Determine the type of help that is needed and provide general details about those needs**

**Childcare**

Number of children : \_\_\_\_\_

Ages: \_\_\_\_\_

Allergies : \_\_\_\_\_

Special needs: \_\_\_\_\_

Preferred care location : \_\_\_\_\_

Other pertinent information about the child(ren) :

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**Errands**

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**Meal (Meal will be delivered to cooler outside recipient house)**

Usual mealtime : \_\_\_\_\_

Number of people eating : \_\_\_\_\_

Food sensitivities: \_\_\_\_\_

Diet restrictions: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

Specific Dislikes: \_\_\_\_\_

**Ride/Transportation Request**

Examples: Rides to and from school/activities. Doctor's appointments etc.

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**Visit**

Visiting hours :

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**Yard work**

Equipment provided? : Yes/No

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**Other:**

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