



Due by September 1st

**2018 Hands on Jackson  
PROJECT INFORMATION**

PROJECT # \_\_\_\_\_

Name of Client:	_____
Address:	_____
Phone:	_____
Contact if other than client:	_____
Phone:	_____

Type of Home	[ <input type="checkbox"/> ] Frame [ <input type="checkbox"/> ] Brick/Block [ <input type="checkbox"/> ] Mobile
Does Client Own Home?	[ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No
<i>Only cleaning/yardwork, etc. will be accepted for rental property.</i>	
Is Client willing to have volunteers perform work?	[ <input type="checkbox"/> ] Yes [ <input type="checkbox"/> ] No
List any property hazards	(unsafe structures, confused or disoriented clients, threatening animals or special concerns/instructions.)
Detailed description of project	(please provide photos)
Detailed Directions	(please provide a map)

Please remember the primary mission of Hands on Jackson:  
 To repair homes of elderly and disabled citizens (build ramps and address other safety issues.)  
 The scope of the project **MUST** be something that can be completed in one day by volunteers.

***I have reviewed this project and have determined that it complies with the mission of Hands on Jackson.***

\_\_\_\_\_  
 Signature of Agency Representative

Referring Agency:	_____
Contact Name:	_____
Contact Phone:	_____
Email:	_____