



Sweet Acts Program Request Form

In Memory of Catherine Gergora

The Sweet Acts Program provides short-term assistance to individual living in Rhode Island's long-term care communities to help meet essential needs that support dignity, comfort, rights, and wellbeing. Requests may be urgent or non-urgent and are reviewed based on need and availability of funds.

Section 1: Requestor Information

Name of Person Submitting Request: _____

Organization / Role:

- ☐ Long Term Care Ombudsman
☐ Alliance Staff
☐ Authorized Advocate / Partner Organization
☐ Other (please explain): _____

Email Address: _____

Phone Number: _____

Section 2: Resident Information

Name of Resident: _____

Facility Name: _____

City / Town: _____

Is the resident aware of this request?

- ☐ Yes
☐ No
☐ Not applicable

Section 3: Description of Need

Please describe the resident's need and any relevant circumstances:

(Include context such as impact on dignity, comfort, rights, safety, or wellbeing.)



Section 4: Requested Support

What type of assistance is being requested?

(Check all that apply)

- ☐ Clothing
- ☐ Footwear
- ☐ Toiletries / Personal Care Items
- ☐ Comfort Items (blankets, sensory items, etc.)
- ☐ Communication or Assistive Items
- ☐ Other essential item(s): _____

Estimated Cost (if known): _____

Is this request time-sensitive?

- ☐ Yes
- ☐ No
- ☐ Not sure

If yes, please briefly explain: _____

Section 5: Acknowledgment

By submitting this request, I confirm that:

- The information provided is accurate to the best of my knowledge
- The request reflects a legitimate need
- Assistance will be used solely for the benefit of the resident identified

Signature (typed is acceptable): _____

Date: _____

Submission Instructions:

Please submit the completed form to:

keri@alliancebltc.org or mail to address below

Requests are reviewed on a rolling basis. Approved items are purchased and distributed as quickly as possible, subject to available funding.