

Check if yes (if no, not eligible for Support Services)

No open case with DHHS Child & Family Services?

Have lawful presence in the United States?

PARTICIPANT AND STAFF COMPLETE ONLY IF FUNDS APPLIED FOR

Today's Date: ____/____/____

CR/CYI SUPPORT SERVICES FUND APPLICATION FORM

1) How can we help?

What is your need? About how much does it cost? Please include as many details as you can.

2) Documents needed

You will be asked to provide documentation for certain needs such as rent support or unpaid bills, so bring them with you if you can. Examples include: Shut-off notices from utility companies, eviction notices, unpaid medical bills, estimate of health services.

3) A few questions about you

Full LEGAL Name (first, middle, last)

Birth Date

____/____/____

Phone Number

Email Address (optional)

Current/Mailing Address

City

State

County

Zip code

4) Where should we send the payment?

Business name

Business contact person name

Business phone number

Business address (incl. city, state, zip)

5) Information to be completed by the Central Navigator* (Applicants DO NOT fill out this section)

Payment Information

Date of payment: ____/____/____

Payment method: ☐ Check (check #_____) ☐ Gift card ☐ Other: _____

Housing amount \$	Detailed need (ex: rent, hotel stay)	Employment amount \$	Detailed need (ex: uniform)
Utilities amount \$	Detailed need (ex: electric bill)	Physical/dental health amount \$	Detailed need (ex: copay)
Daily living amount \$	Detailed need (ex: hygiene products, cell phone payment, clothes for self)	Mental health amount \$	Detailed need (ex: copay)
Education amount \$	Detailed need (ex: textbooks, fees)	Parenting amount \$	Detailed need (ex: childcare, diapers, formula, car seat, kids' clothes)
Transportation amount \$	Detailed need (ex: car repairs, license plates)	Other amount \$	Detailed need (ex: storage unit)

DON'T FORGET! Enter this form into your electronic data system!