

# CR/CYI SUPPORT SERVICES FUND APPLICATION FORM

Today's Date: \_\_\_/\_\_\_/\_\_\_

## 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)	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)	Mental health amount \$	Detailed need (ex: copay)
Education amount \$	Detailed need (ex: textbooks, fees)	Parenting amount \$	Detailed need (ex: childcare, diapers)
Transportation amount \$	Detailed need (ex: car repairs)	Other amount \$	Detailed need

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