

APPLICATION FOR CMHC FOUNDATION ASSISTANCE FUNDS

Request Date: \_\_\_\_\_

<p>Fund Type <i>(please check one)</i>:</p> <p><input type="checkbox"/> Audrey Tyson Fund</p> <p><input type="checkbox"/> O&amp;E Fund</p> <p><input type="checkbox"/> Pets of Patients Fund</p> <p><input type="checkbox"/> Living Free Fund</p> <p>Amount Requested: \$ _____</p> <p>Has the applicant received assistance from the CMHC Foundation in the past?</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If YES, when and for what purpose?</p> <p>Type of Request <i>(please check all that apply)</i>:</p> <p><input type="checkbox"/> Food/Beverage</p> <p><input type="checkbox"/> Clothing</p> <p><input type="checkbox"/> Personal Care Items</p> <p><input type="checkbox"/> Transportation/Travel</p> <p><input type="checkbox"/> Emergency Relief</p> <p><input type="checkbox"/> Emergency Veterinary/Pet Care</p> <p><input type="checkbox"/> Other <i>(please describe)</i></p>	<p style="text-align: center;"><i>FUND ADMINISTRATOR USE</i></p> <p style="text-align: center;"><input type="checkbox"/> APPROVED                                      <input type="checkbox"/> NOT APPROVED</p> <hr/> <p>Fund Administrator signature _____ Date _____</p> <p>Issue check to: _____</p> <p>Comments:</p>   <p style="text-align: center;"><i>BUSINESS OFFICE USE</i></p> <p>Date of Payment: _____ Amount: \$ _____ Check # _____</p> <hr/> <p>Check prepared by _____ Date _____</p> <hr/> <p>Check approved by _____ Date _____</p> <hr/> <p>Check received by _____ Date _____</p>
---	---

Purpose of Request *(Please describe the need for assistance and any important information about the request that would be helpful for the CMHC Foundation to know.)*:

\_\_\_\_\_

APPLICANT INFORMATION	CLINICIAN/CASE MANAGER INFORMATION
Name: _____	Name: _____
Address <i>(or current living situation)</i> : _____	Relationship to applicant: _____
Phone Number: _____	Phone number: _____
CMHC#: _____	email: _____
Current monthly income: \$ _____	Issue check to: _____
Any additional benefits:	
Applicant Signature: _____	Date: _____

**CMHC FOUNDATION ASSISTANCE FUNDS**  
Application Instructions and General information

**Application Instructions**

*Please follow the steps below to apply for assistance.*

- Review the General Information about the funds as described below to determine for which fund(s) the applicant is eligible.
- Complete all portions of the application form and submit to the designated Fund Administrator as indicated below.
- For additional questions and requests for information, contact Norma Gibson, Managing Coordinator for the CMHC Foundation at 203-974-7082 or at [norma.gibson@yale.edu](mailto:norma.gibson@yale.edu).

**General Information**

The CMHC Foundation operates four funds that provide financial assistance for individuals receiving services from the Connecticut Mental Health Center and/or the Community Service Network of Greater New Haven. All requests for assistance are reviewed for approval and managed by the designated Fund Administrators whose contact information is listed below. Financial assistance for emergency relief and/or unanticipated needs is available for the following types of requests:

- Food/Beverage
- Clothing
- Personal Care Items
- Transportation/Travel
- Emergency Relief
- Emergency Veterinary/Pet Care
- Other requests (subject to approval)

Audrey Tyson Fund & Pets of Patients Fund	O&E Fund	Living Free Fund
<p>Financial assistance for emergency relief and/or unanticipated needs for individuals receiving services from CMHC and emergency/or unanticipated veterinary or pet care needs for individuals receiving services from CMHC or the CSN.</p> <p><i>Apply directly to:</i></p> <p>Gretchen Mrozinski CMHC 34 Park Street, Room 142 New Haven, CT 06519</p> <p>Office: 203-974-7417 Fax: 203-974-7091 Email: <a href="mailto:gretchen.mrozinski@po.state.ct.us">gretchen.mrozinski@po.state.ct.us</a></p>	<p>Financial assistance for emergency relief and/or unanticipated needs for individuals receiving services from the CSN Outreach &amp; Engagement Team.</p> <p><i>Apply directly to:</i></p> <p>Lisbette De La Cruz Columbus House 586 Ella T. Grasso Blvd New Haven, CT 06519</p> <p>Office: 203-772-4200 X2126 Fax: 203-772-4097 Email: <a href="mailto:ldelacruz@columbushouse.org">ldelacruz@columbushouse.org</a></p>	<p>Financial assistance for the needs of CMHC clients who are enrolled in the Living Free program, a prison re-entry initiative at the ForDD Clinic.</p> <p><i>Apply directly to:</i></p> <p>JoAnna DePino FORDD Clinic 1 Long Wharf Drive Box 17 New Haven, CT 06511</p> <p>Office: 203-974-5717 Fax: 203-974-5705 Email: <a href="mailto:joanna.depino@yale.edu">joanna.depino@yale.edu</a></p>