APPLICATION FOR CMHC FOUNDATION ASSISTANCE FUNDS

Request Date:_____

Fund Type (please check one):	FUND ADMINISTRATOR USE	
Audrey Tyson Fund	APROVEDNC	OT APPROVED
O&E Fund		
Pets of Patients Fund		
Living Free Fund	Fund Administrator signature	Date
Amount Requested: \$	Issue check to:	
Alloulit Requested. \$	Comments:	
Has the applicant received assistance from the		
CMHC Foundation in the past?		
YES NO		
If YES, when and for what purpose?	BUSINESS OFFICE USE	
	BUSINESS OFFICE USE	
	Date of Payment: Amount: \$	Check #
Type of Request (<i>please check all that apply</i>): Food/Beverage		
Clothing	Check prepared by	Date
Personal Care Items	Check propuled by	Dute
Transportation/Travel	Check approved by	Date
Emergency Relief	Check approved by	Date
Emergency Veterinary/Pet Care		
Other (please describe)	Check received by	Date
Purpose of Request (Please describe the need to	r assistance and any important information about the .	reauest that would be helpful
for the CMHC Foundation to know.):		

APPLICANT INFORMATION	CLINICIAN/CASE MANAGER INFORMATION
Name:	Name:
Address (or current living situation):	Relationship to applicant:
Phone Number: CMHC#: Current monthly income: \$ Any additional benefits:	Phone number: email: Issue check to:
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 Cheryl Weir at 203-974-7082 or at cheryl.weir@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
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.	Financial assistance for emergency relief and/or unanticipated needs for individuals receiving services from the CSN Outreach & Engagement Team.	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.
Apply directly to:	Apply directly to:	Apply directly to:
Yvonne Pallotto CMHC 34 Park Street, Room 127 New Haven, CT 06519	Lisbette De La Cruz Columbus House 586 Ella T. Grasso Blvd New Haven, CT 06519	JoAnna DePino FORDD Clinic 1 Long Wharf Drive Box 17 New Haven, CT 06511
Office: 203-974-7419 Fax: 203-974-7413 Email: yvonne.pallotto@ct.gov	Office: 203-772-4200 X2126 Fax: 203-772-4097 Email: Idelacruz@columbushouse.org	Office: 203-974-5717 Fax: 203-974-5705 Email: joanna.depino@yale.edu