

CMHC FOUNDATION ASSISTANCE FUNDS

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, please contact the Fund Administrator.

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.
<i>Apply directly to:</i> Britt Lewis CMHC 34 Park Street, Room 142A New Haven, CT 06519 203-974-7371 britt.lewis@ct.gov	<i>Apply directly to:</i> Lisbette De La Cruz Columbus House 586 Ella T. Grasso Blvd New Haven, CT 06519 203-772-4200 x2126 ldelacruz@columbushouse.org	<i>Apply directly to:</i> JoAnna Spinnato ForDD Clinic 1 Long Wharf Drive Box 17 New Haven, CT 06511 203-974-5717 joanna.depino@yale.edu

APPLICATION FOR CMHC FOUNDATION ASSISTANCE FUNDS

<p>Application Details Request Date:</p> <p>Fund Type (please check one): <input type="checkbox"/> Audrey Tyson Fund <input type="checkbox"/> O&E Fund <input type="checkbox"/> Pets of Patients Fund <input type="checkbox"/> Living Free Fund</p> <p>Amount Requested: \$</p> <p>Has the applicant received assistance from the CMHC Foundation in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, when and for what purpose?</p>	<p>Application Details (continued) Type of Request (please check all that apply): <input type="checkbox"/> Food/Beverage <input type="checkbox"/> Clothing <input type="checkbox"/> Personal Care Items <input type="checkbox"/> Transportation/Travel <input type="checkbox"/> Emergency Relief <input type="checkbox"/> Emergency Veterinary/Pet Care <input type="checkbox"/> Other (please describe)</p> <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.</p>
<p>Applicant Information Name:</p> <p>Address (or current living situation):</p> <p>Phone number:</p> <p>CMHC #:</p> <p>Current monthly income: \$</p> <p>Additional benefits:</p> <p>Applicant Signature:</p> <p>Date:</p>	<p>Clinician/Case Manager Information Name:</p> <p>Relationship to applicant:</p> <p>Phone number:</p> <p>Email:</p> <p>Issue check to:</p> <p>Case Manager Signature:</p> <p>Date:</p>
<p>Fund Administrator Use</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Not Approved</p> <p>Fund Administrator Signature:</p> <p>Date:</p> <p>Issue Check to:</p> <p>Comments:</p>	<p>Business Office Use</p> <p>Date of Payment:</p> <p>Amount: \$</p> <p>Check #:</p> <p>Check prepared by:</p> <p>Date:</p>