

APPLICATION FOR CMHC FOUNDATION ASSISTANCE FUNDS

Request Date: _____

<p>Fund Type (please check one): <input type="checkbox"/> Audrey Tyson Fund for Recovery Assistance <input type="checkbox"/> O&E Fund <input type="checkbox"/> Fusco Fund for Pets</p> <p>Amount Requested: \$ _____</p> <p>Has the applicant received assistance from the CMHC Foundation in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, when and for what purpose?</p> <p>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 align="center"><i>FUND ADMINISTRATOR USE</i></p> <p><input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED</p> <hr/> <p>Fund Administrator signature _____ Date _____</p> <p>Issue check to: _____ <i>Comments:</i></p> <p 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.):

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

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 Sharon DeGenaro, Assistant to the Director for the CMHC Foundation at 203-974-7082 or sharon.degenaro@yale.edu

General Information

The CMHC Foundation operates three 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 for Recovery Assistance	O&E Fund	Fusco Fund for Pets
Financial assistance for emergency relief and/or unanticipated needs for individuals receiving services from CMHC. <i>Apply directly to the Fund Administrator listed below.</i>	Financial assistance for emergency relief and/or unanticipated needs for individuals receiving services from the CSN Outreach & Engagement Team. <i>Apply directly to the Fund Administrator listed below.</i>	Financial assistance for emergency and/or unanticipated veterinary or pet care needs for individuals receiving services from CMHC or the CSN. <i>Apply directly to the Fund Administrator listed below. CSN applicants should apply directly to the CMHC Foundation.</i>

FUND ADMINISTRATOR CONTACT INFORMATION

Audrey Tyson Fund Assistance Fusco Fund for Pets	O&E Fund Fusco Fund for Pets	General Information CMHC Foundation
Gretchen Mrozinski CMHC 34 Park Street, Room 142 New Haven, CT 06519 Office: 203-974-7417 Fax: 203-974-7091 Email: gretchen.mrozinski@po.state.ct.us	Lisbette De La Cruz Columbus House 586 Ella T. Grasso Blvd New Haven, CT 06519 Office: 203-772-4200 X2126 Fax: 203-772-4097 Email: ldelacruz@columbushouse.org	Sharon DeGenaro CMHC Foundation 34 Park Street, Room 144 New Haven, CT 06519 Office: 203-974-7082 Fax: 203-974-7719 Email: sharon.degenaro@yale.edu