



RECOVERY HOUSING DEPOSIT ASSISTANCE APPLICATION

Today's Date: _____

First & Last Name: _____

Email: _____

Phone Number: _____

Name of Approved Recovery Residence: _____

Estimated Move-In Date: _____

House Manager's First & Last Name: _____

House Manager's Phone Number: _____

Case Manager or Peer Recovery Specialist Name: _____

Case Manager or Peer Recovery Specialist Phone Number: _____

Deposit Request Calculation (Line 1 – Line 2 = Amount Requested)

1. Total Deposit Amount Required by Your Recovery Residence at Move-in: \$ _____
(DO NOT include rent, program fees, admin fees, or any other expenses)

2. Amount of Deposit That Will be Paid by You/Family/Friends/Other Charities: \$ _____

3. Total Deposit Assistance Requesting (*Subtract Line1 from Line2*): \$ _____

4. HAVE YOU READ, UNDERSTAND, & AGREE TO THE APPLICATION PROCESS POLICY (Page 3) & FINANCIAL ASSISTANCE POLICY (Page 4)? _____ *(Write 'Yes' or 'No')*



RECOVERY HOUSING DEPOSIT ASSISTANCE APPLICATION

Tell Us About Yourself! What would you like us to know?

(Sober Date, recovery journey, motivations, recovery plan, current living situation, etc.)



(PLEASE USE THE BACK OF THIS PAGE IF YOU NEED MORE WRITING SPACE)



RECOVERY HOUSING DEPOSIT ASSISTANCE APPLICATION

Application Process Policy - PLEASE READ!

Before starting your application, please confirm that your house manager/owner has completed the necessary steps to be added to our Recovery Home Partner List. *If you do not see your Recovery Home listed, we WILL NOT be able to process your application.*

- We can only communicate with applicants via written communication, so please do not call. If you have questions, please email us at: info@pinkcloudfoundation.org
- All applications for financial assistance **MUST** be submitted by the **21st of each month**. *(Please be as thorough as possible when filling out your application. Any inaccurate or missing information, or incomplete applications, will only delay your application, and may require Pink Cloud Foundation to roll your application over to the following month)*
- After the 21st of the month, information provided on the application will be validated with your Recovery Home manager/owner.
- After validation, all applications will be sorted by the "amount requested" starting from **LEAST AMOUNT** to **MOST AMOUNT** requested. *So, the higher amount you request, the lower down on the list your application will be.* Meaning, you should do everything you can to find other funding sources to supplement your deposit needs.
- Applications with the **LEAST** amounts requested will be paid **FIRST**. *(This allows Pink Cloud Foundation to maximize donations by helping the greatest number of applicants as possible each month)*
- We make every attempt to notify all applicants who will receive funding assistance by the **LAST** day of each month. *(Please remember that we often have 100+ applicants per month, so your patience is greatly appreciated)*
- Payment arrangements will then be made between Pink Cloud Foundation and the Recovery Home manager/owner.
- In the event that enough funds are not available, applications that are not funded will be rolled over to the following month. ***Please DO NOT submit another application.***
- If you need to make changes to your application, please email us at: info@pinkcloudfoundation.org

Please Submit an Application Only ONCE!



RECOVERY HOUSING DEPOSIT ASSISTANCE APPLICATION

Financial Assistance Policy - PLEASE READ!

- Financial assistance from Pink Cloud Foundation is only for partial payment of Refundable Security Deposits or one-time Move-in Fees to an approved Recovery Home.
- Financial assistance WILL NOT be provided for Rent, Late Rent, administrative fees, program fees, or any other expenses.
- Pink Cloud Foundation only partners with licensed Recovery Homes with *current* Certificates of Good Standing from the Secretary of State of Minnesota.
- Pink Cloud Foundation requires that all Recovery Homes participate in our electronic payment system called, **Direct Pay**. Direct Pay allows Pink Cloud Foundation to process payments electronically, typically within 24 – 48 hours. Conventional paper checks will not be used to pay deposits to Recovery Homes.
- Pink Cloud Foundation **DOES NOT** discriminate on the basis of age, race, gender, gender identity, sexual orientation, criminal history, health status, employment status, marital status, family status, veteran status, creed, or religion.
- All demographic survey questions are optional and voluntary. This information is kept private and only used internally to learn more about the communities in which we serve and assist us in applying for private and public grants.
- All requests for financial assistance are communicated confidentially solely between agents of Pink Cloud Foundation, agents of the Treatment Facility/Program or Correctional Facility, Case Manager/Counselor, the Applicant, and Recovery Home Manager/Owner.
- Due to the nature of our organization, and to allow for as many participants as possible to utilize our programming, assistance will only be awarded to an applicant **ONCE** during a 365-day period.

By Submitting This Form, You:

1. *Attest that all the information provided is accurate and true to the best of your knowledge.*
2. *Understand that this is only an **application to request assistance**, and by submitting this application it **DOES NOT** guarantee that payment will be made.*
3. *Agree to not mislead or misrepresent your application for funding assistance to your Recovery Home Manager/Owner.*
4. *Acknowledge that any funds awarded will be given directly to the approved Recovery Home of your choosing from Pink Cloud Foundation via electronic funds transfer (EFT) utilizing our Direct Pay system, and under no circumstance will funds be provided to you directly.*
5. *Understand that Pink Cloud Foundation is funded 100% by public and private donations, corporate donations, and state & federal grants, therefore, financial assistance is solely dependent upon the current availability of funds.*



RECOVERY HOUSING DEPOSIT ASSISTANCE APPLICATION

(OPTIONAL)

Pink Cloud Foundation Client Demographic Survey**

All demographic survey questions are 100% optional and anonymous. This information is kept private and only used internally to learn more about the communities in which we serve and assist us in applying for private and public grants, so we can keep our programs open to all who need it.*

1. What is your age? (Check One)

- Under 18 years old
- 18 – 24 years old
- 25 – 34 years old
- 35 – 44 years old
- 45 – 54 years old
- 55 – 64 years old
- 65 years old or Older

2. How do you describe your gender? (Check One)

- Male
- Female
- Transgender
- Non-Binary
- Other

3. How do you describe your ethnicity? (Check One)

- | | |
|---|---|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> White or Caucasian |
| <input type="checkbox"/> Native American or American Indian | <input type="checkbox"/> Biracial |
| <input type="checkbox"/> Latin | <input type="checkbox"/> Other |

4. How do you describe your sexual orientation? (Check One)

- Straight Gay Bisexual Other

PLEASE SEND COMPLETED FORM TO: info@PinkCloudFoundation.org