



**Women & Family Life Center COVID-19 Response Fund
Cash Assistance Application**

The purpose of this application is to identify individuals that have suffered financial hardship due to the direct impact of COVID-19. Applicants who meet the eligibility requirements^ will be considered for the following assistance:

- 1) In partnership with the Branford Community Foundation and the Guilford Foundation, individuals who live or work in Guilford/Branford who demonstrate need directly due to COVID-19.
- 2) Individuals who live or work in any of the 16 shoreline towns that W&FLC serves who demonstrate need directly due to COVID-19.

^Examples include but are not limited to: an individual tested positive and can't work, loss of work or reduced work hours, loss of childcare, need to care for a loved one, etc.

1. Date of Application: _____

2. First & Last Name: _____

3. Email: _____

4. Phone: _____

Phone Type: Cell Home Work

5. Is it safe for us to leave you a voice message on that phone number? (please circle) Yes No

6. How did you hear about this Fund?

- E-mail
- Referral from another agency
- Facebook
- W&FLC Website
- Newspaper
- Word of mouth/friend

7. Household composition:

of adults: _____

of children (birth through high school): _____

8. Physical Home Address: _____

<Please turn over>

9. Mailing Address-if different than above. Please include zip code. _____

10. Employer Name & Business: _____

Phone Number: _____

Address: _____

11. Which of the following programs have you used at Women & Family Life Center, if any? Please Circle. Involvement in a program is not required for this application.

Guided Assistance Program (GAP)

Restart and/or Adapt

Financial Consult

None

Lawyer Time

Other (Please List): _____

12. Amount of money requested: _____ (\$500.00 maximum per individual)

13. How will you use this cash assistance and what impact will it have on you and/or your family?

***Please note that we may ask for proof of home or work address.

If asked, you may provide one of the following: copy of a piece of mail; pay stub; driver's license; manager's phone number; landlord's phone number.

Please e-mail, mail or drop-off this application:

- E-mail: info@womenandfamilylife.org
- Drop-box: Women & Family Life Center, back door of Front House
- Mail: Women & Family Life Center, 96 Fair Street, Guilford, CT 06437

This application will be reviewed by staff of Women & Family Life Center. A staff member will contact you to set up a phone call to go over your application. Funds will be disbursed directly to the payee, unless otherwise arranged with the approval of the above involved parties. This fund is made possible by our following partners:



GUILFORD FOUNDATION

BRANFORD Community Foundation