



JOHN COUGHLIN HOPE FUND APPLICATION

Date: _____

AGENCY INFORMATION

Agency Name: _____ Name of staff: _____

Agency Address: _____ Phone Number: _____

CLIENT INFORMATION

Name: _____ Date of Birth: _____

Ethnicity (circle): Native American/Alaska Native Asian or Pacific Islander White
Multi-racial Black or African American Hispanic or Latino Prefer not to say

Gender: Male Female Non-binary Prefer not to say

Address: _____

County: _____ Phone Number: _____

Is it okay to leave a voicemail (circle)? YES NO

HOUSEHOLD INFORMATION

of Adults in Household: _____ # of Children in Household: _____

Monthly Income: *(Estimates acceptable)*

\$ _____ Employment (client's & partner's)

\$ _____ Child Support Received

Federal/State Health Benefits? Y / N _____

\$ _____ SSI / SSDI

\$ _____ FoodShare Assistance

WIC Assistance? Y / N

\$ _____ Assistance from other agencies or programs? _____

\$ _____ Other _____

\$ _____ Other _____

\$ _____ TOTAL

REQUEST INFORMATION:

Monthly Expenses: *(Estimates acceptable)*

\$ _____ Rent/Mortgage

\$ _____ Utilities *(heat, water, etc.)*

\$ _____ Cable/Internet

\$ _____ Cell Phone

\$ _____ Car Payment & Insurance

\$ _____ Gasoline or Public Transp.

\$ _____ Medical Bills (total amount)

\$ _____ Health Insurance

\$ _____ Child Care

\$ _____ Basic living expenses (Food, Diapers, Wipes, Toiletries, etc.)

\$ _____ Other _____

\$ _____ TOTAL



Assistance Requested:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Car Repair | <input type="checkbox"/> Rent/Mortgage |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Dental/Medical |
| <input type="checkbox"/> Food | <input type="checkbox"/> Other (list): _____ |

Amount Requested: _____

A brief account of the current crisis (why it is an emergency, what precipitated the crisis, what other attempts have been made to solve the problem and why it is unlikely to reoccur)

Other resources already explored (please list other community agencies the client has explore and the status of their request:

Would client like a 211 I&R Specialist to follow-up to address any other needs? YES NO

Other immediate needs:

- | | |
|--|---|
| <input type="checkbox"/> Childcare assistance | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Employment services | <input type="checkbox"/> Legal assistance |
| <input type="checkbox"/> Mental Health resources | <input type="checkbox"/> Disaster Information |
| <input type="checkbox"/> Transportation assistance | <input type="checkbox"/> Crisis Help |

RELEASE:

I certify that the information provided in this application is true and that any funds I receive will be used for the purpose stated in this application. I authorize United Way St. Croix Valley and agency representatives to verify and communicate any information contained in this application or about my situation to assist me. UWSCV will maintain your confidentiality and will not release your information to other agencies without your consent. By signing below, or giving verbal consent, I authorize UWSCV to use my name and other information necessary in processing my request. I hereby waive and release any and all claims whatsoever that I, my legal representatives or heir might have or hereafter have against United Way St. Croix Valley, its employees and agents.

Client Signature _____ Date: _____

Client gave verbal consent



Required Documentation You may be asked for additional documentation. For your convenience, a list of the required documents for each category is provided below:

- Rent/Deposits/Mortgage Payments – Landlord contact information and copy of lease/rental agreement
- As part of your application from the John Coughlin Hope Fund, staff may contact the landlord and/or owner to verify information that is pertinent for the application.
- Utilities - Disconnection Notice **and** evidence of personal payment history for previous 6 months (examples of payment history include: Xcel Energy's Energy Assistance Portal or case worker's confirmation from utility company)
- Car Repair/Insurance/Impound/Car Payments - Wisconsin Driver's License/Car Insurance/Estimate for Repair
- For all other categories, please provide a Statement of Cost

To be completed by 211 Community Impact Director or Executive Director:

Request Received: _____ Required Documents Received: _____

Verification of Situation: _____

Determination: _____

Client/Agency Notified: _____

Additional Notes: _____

Signature: _____

Date: _____

Print Name: _____

Title: _____