



## Rapid Response Fund

Recipient Name and Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recipient Phone Number: \_\_\_\_\_

Recipient Age/Gender \_\_\_\_\_ Spouse Age/Gender \_\_\_\_\_ Veteran (Y/N)

\_\_\_\_\_

Children Ages/Genders \_\_\_\_\_

Recipient Income \_\_\_\_\_

Referral Agency: \_\_\_\_\_

Contact Name and Phone: \_\_\_\_\_

Requested Amount: \_\_\_\_\_

Payable to: \_\_\_\_\_ (Landlord/Utility/Etc.)

Mailing address & Phone number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summary of Request:

How was recipient's need identified?

Conflict of Interest – Are there any known conflicts of interest with this recipient? YES

NO

If yes, please

explain: \_\_\_\_\_

### **REVIEW OF REQUEST:**

Were circumstances verified? Please explain:

How does this individual meet criteria for assistance? Please place a check mark next to the appropriate Program Area.

<b>Loss of Home</b> - Due to fire or natural disaster	
<b>Domestic Abuse</b> - Person fleeing a domestic abuse situation	
<b>Avoiding Homelessness</b> - An individual, senior (60+), or family needing one-time assistance to avoid homelessness.	
<b>Elderly/Disabled/Homeless Health</b> - Elderly (60+), disabled, homeless or disadvantaged individuals needing assistance with minor medical/dental.	
<b>Elderly/Disabled Home Repair or Basic Needs</b> -Low income elderly needing funds to repair/modify home or purchase basic needs for the home.	
<b>Funeral Expenses</b> -support for funeral expenses for an immediate family member	

Please explain why the individual meets the criteria you selected above.

Does this person have a support system in place?

How will assistance impact recipient's circumstances?

Other information: \_\_\_\_\_

#### For Fund Staff only

Recommended funding amount: \_\_\_\_\_

Notes, if any:

#### APPROVAL:

_____	_____	_____
Approval Signature	Date	Approval Signature      Date