

Archbishop's Annual Appeal Emergency Assistance Fund Basic Human Needs

The **Emergency Assistance Fund** is funded by the Archbishop's Annual Appeal. Distributed by Catholic Charities, this is a direct confidential line of assistance via our Pastors to our Parishioners.

If you are not a parishioner, please contact the Catholic Charities office in your local community.

This fund allows Catholic Charities the ability to provide assistance to individuals, **referred by their Parish Pastor**, for basic human needs.

These needs might include food, clothing, utilities, medical, rental assistance, car repairs, budget counseling, employment programs, and other resources.



The Emergency Assistance Fund provides direct assistance to Parishioners through their Parish Pastor

Connecticut Statistics:*

- 7.1% of Connecticut families are living in poverty
- 11.4% of Connecticut families with children under the age of 18 are living in poverty
- 13.2% of Connecticut families with children under the age of 5 are living in poverty

Current Unemployment

- 4.6% in Connecticut and 4.1% in the U.S.

*Source: Bureau of Labor Statistics, Dec. 2017.



The Most Rev.
Christopher J. Coyne
Archbishop of Hartford

Pastors, if you have questions, please call
1-888-405-1183



Catholic Charities

Archdiocese of Hartford

*Providing Help & Creating Hope – Serving People of All Faiths
in 102 Communities Since 1920*

www.ccaoh.org



Parish Referral Form

APPLICANT:

Please complete this form and attach copies of bills (when appropriate) and return this form, addressed to your Parish Pastor or Priest, in a sealed envelope marked "CONFIDENTIAL."

This section to be completed by Pastor or Priest.

Name: _____ Date: ____/____/____
 Authorization Signature: _____*
 Parish Name: _____
 Address: _____
 Phone: _____

*Form must be authorized and faxed with copies of bill(s) to:
FAX: 860-548-1930. Or Mail to Catholic Charities Parish Coordinator:
 839-841 Asylum Avenue, Hartford, CT 06105-2801

Name of Individual Referred: _____ Date of Referral: ____/____/____
 Street: _____ Apt. Number: _____ City/Town: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____
 Date of Birth: ____/____/____ Social Security #: _____
 Marital Status: Married Single Divorced Widow(er) Household Size: _____
 Employed: **Yes No** If yes, where: _____ Total Household Income: \$ _____
 Source of Income (check all that apply): ___Employment ___Unemployment Compensation ___Benefits (SS, SSI, SSD, pension, etc.)
 Current Student: **Yes No** Have you received assistance from your parish or the Fund in the past? **Yes No**
 Are you currently receiving services from Catholic Charities: **Yes No** If yes, describe: _____

Reason for Request: (please check , fill out information, and attach copies of invoices/statements.)

Rent (please include a copy of your lease)

Number of months past due: _____ Amount of monthly rent: \$ _____

Mortgage (please include copy of mortgage statement)

Number of months past due: _____ Amount of monthly mortgage: \$ _____

Amount Requested: \$ _____

Utility assistance

Electricity Supplier: Amount requested: \$ _____ Account #: _____ (attach a copy of billing statement)

Gas Supplier: Amount requested: \$ _____ Account #: _____ (attach a copy of billing statement)

Heating fuel: Amount requested: \$ _____ Co. name & Account #: _____ (attach a copy of billing statement)

Transportation assistance

Automobile repair, explain: _____

Medical: _____

Clothing Vouchers: _____

Food: _____

Other: _____

Please Note: Once this referral form is received, you will be mailed additional paperwork to complete so that your case can be accurately reviewed.

Applicant Signature: _____ Date of Referral: ____/____/____

Assessment/Determination: *This portion to be completed by Catholic Charities Authorized Representative:*

Resources and/or other Catholic Charities services offered or provided: _____

Date of determination and Parish Pastor/Priest notified: _____

Authorized Catholic Charities Signature: _____

