

# 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.



Most Reverend Leonard P. Blair  
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](http://www.ccaoh.org)



# Parish Referral Form

**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: \_\_\_\_\_

