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.


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

Archbishop's Annual Appeal
Emergency Assistance Fund
Basic Human Needs

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.”

Name of Individual Referred: ___________________________________________ Date of Referral:__/__/____


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:

☐ 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: ____________________________

*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