

Emergency Fund Application

Date: _____ Individual's Name: _____

Mailing Address: _____ D.O.B. (yy/mm/dd): _____

Telephone: _____ Email: _____

Reason for Emergency Fund | Please check the item below that best identifies your need:

- An individual is at risk for physical, sexual, emotional and/or financial abuse.
- An individual's family or primary care giver can no longer continue supporting him or her.
- An individual's current living situation has broken down.
- An individual requires an object, service, or immediate financial support in order to improve their well-being and ensure their safety, physical or mental health.
- Other, please explain _____

Are you involved with any other community services? If yes, please list below:

Have you applied for other sources of funding assistance? If yes, please list below:

Please describe the need for the emergency funding. Why do you require the emergency funding? If you require additional space, please use the back page.

What is the amount of emergency funding you require? \$ _____

Please attach a notice, invoice, bill, receipt or quote to this application.

Upon completion of the application please submit by choosing one option below:

- Deliver or Mail to Family Services Windsor-Essex
1770 Langlois Avenue, Windsor, Ontario, N8X 4M5.
- Fax: 519-256-5258; Attention: Customer Care Department
- E-mail: info@fswe.ca

Sign: _____ Date: _____

If you require assistance completing this form, please contact Family Services Windsor-Essex at 519-966-5010.

OUTCOME:

FOR ADMINISTRATIVE PURPOSES ONLY:

The applicant has been approved for \$_____.

The application has not been approved. Rational for decision:



**United Way
Centraide**
Windsor-Essex County