



Todd's Fund Confidential Application for Assistance

This Application is the first step in receiving assistance from Todd's Fund. It is not confirmation of eligibility for assistance or a guarantee or promise that assistance will be granted. Regardless of whether you receive assistance from Todd's Fund, the information you provide us will not be shared with anyone outside of Todd's Fund (except in very rare instances if required by law). If you receive assistance from us, you and/or your family may be asked to share general information about how we assisted you. This will aid us in getting the word out about Todd's Fund so that we may help others. You may decline to allow us to share your information or only allow us to share your information in limited ways. Your decision concerning sharing will not affect your approval or funding in any way.

1. Name of the person submitting the application: _____

2. Relationship of the person submitting the application to the family in need, e.g., family member, caseworker, medical professional:

3. Name and address of the family:

4. Children in the family:

Name:	Age:

7. Monthly family income: _____

8. Monthly family expenses:

Rent/Mortgage	
Utilities (Gas and Electric)	
Groceries	
Home Phone	
Cell Phone	
Cable and/or Internet	
Car (Payments and Insurance)	
Childcare	
School Loans	
Other Expenses (please specify)	
TOTAL:	

9. Does anyone in the family currently receive any funds through government-funded agencies? (Such as public assistance, SSI, SSD, etc.) YES or NO

10. If YES, please list them below AND how much money is received monthly through each program:

Program:	Monthly Amount:

11. Has the family or someone on behalf of the family contacted any other agencies or government-funded programs for assistance prior to reaching out to Todd's Fund? YES or NO

12. If YES, please describe any assistance granted:

13. Does the family have health insurance? YES or NO

14. If YES, please describe, e.g., Medicaid or private insurance:

15. Email and phone number for Todd's Fund to contact the family (PLEASE PRINT CLEARLY):

Email: _____

Phone Number: _____

16. Email and phone number of the person submitting application if not the same (PLEASE PRINT CLEARLY):

Email: _____

Phone Number: _____

17. How did you hear about Todd's Fund?

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS COMPLETE AND ACCURATE.

Signature: _____ **Date:** _____

Please mail this completed application to us at:

**Todd's Fund
P.O Box 554
Skaneateles, NY 13152**

You will hear back from us as soon as possible!

Todd's Fund Board of Directors

*Todd's Fund P.O. Box 554, Skaneateles, NY 13152
(315) 217-1411 / www.toddsfund.org / toddsfund@yahoo.com*