



How To- COVID 19 Financial Assistance Request Form

Request Form Found Here: <https://galf.wufoo.com/forms/needs-request-covid-19/>

Before submitting a [request](#), please read the [Covid19 Financial Assistance Policy](#) in it's entirety. This form does not allow you to save and come back later, you will want to have all the necessary information prior to filling out the form and set aside approximately ten minutes to complete. **Have the following documents ready to attach to the online form:**

- Current bill/lease:
 - Eviction notice
 - Late notice
 - Outstanding bill
- Proof of residency/identification: (two different forms of proof will be required)
 - Valid ID/License
 - AND 1 of the following**
 - Lease/ utility bill/vehicle registration or voter ID card
- Proof of income:
 - All reported income and non-cash benefits must be documented with the most recently available 30 days of pay, check stubs, or 3 months of bank statements, employer letter, or benefits letter.
- Proof of hardship (Since 3/12/2020):
 - Layoff or furlough notice
 - Proof of reduction in hours
 - Loss of job due to COVID-19

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How to Fill Out Form: Applicant Information:

Applicant Information

Applicant First Name *

Applicant Last Name *

E-Mail Address *

Cell Phone Number *

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In which county did this child's case originate? *

- Pasco County
- Pinellas County
- Other

What is Your Role? *

- Child Caregiver
- Guardian ad Litem
- Child Advocacy Manager
- Case Manager
- Other

Case Management Organization

- Eckerd
- Lutheran Services Florida
- Youth and Family Alternatives
- Other

Licensing Organization

The person filling out the request will be considered the applicant. If no cell phone number, input landline number.

We support children whose cases originated in Pinellas and Pasco Counties. In some circumstances, we will support children from other circuits who are living in Pinellas and Pasco County.

If you have this information, please fill it out. It will help us verify the caregiver's status in the dependency system. You can select more than one option if there are multiple case managers.

How to Fill Out Form: Caregiver/ Volunteer Child Advocate/ Child Advocacy Manager/ Case Manager Information.

** Please provide information about the Caregiver, Volunteer Child Advocate, Child Advocacy Manager and Case Manager. With the exception of Caregiver details, these fields are not required.



Cargiver Information

Please fill out this information so we know how to contact the Caregiver with any questions we may have

Caregiver First Name *

Caregiver First Name *

Caregiver Email *

Caregiver Phone Number *

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Volunteer Child Advocate Information

If you have this information available, please fill out so we know how to contact the VCA. If not, please skip.

VCA First Name

VCA Last Name

VCA Email

VCA Phone Number

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If you have you Volunteer Child Advocate information, please fill out here

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Child Advocacy Manager Information

There is only a CAM assigned to the case if the child has a VCA. If you have this information available, please fill out so we know how to contact the CAM. If not, please skip.

CAM First Name

CAM Last Name

CAM Email

CAM Phone Number

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If you have the Child Advocacy Manager information, please fill out here. There will only be a CAM assigned if child has a Guardian ad Litem.

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Case Manager Information

If you have this information available, please fill out so we know how to contact the CM. If not, please skip.

CM First Name

CM Last Name

CM Email

CM Phone Number

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If you have the Case Manager information, please fill out here.

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How to Fill Out Form: Household Information

Household Information

Please fill out information in it's entirety. Incomplete applications will prevent this request from being fulfilled in a timely manner.

Family Name *

List main caregiver's last name

Address *

Street Address

Address Line 2

City

State / Province / Region

United States

Postal / Zip Code

Country

The address listed here should match the address on any bill/notice attached.

Type of Placement *

Number of person(s) this request will support (ie. 1 or 2) *

List all People residing in home- including all children. Please list first/last name, age of the person(s) and race. *

Let us know the amount of people living in the home. Then list every single person living in the home. Including their full name, age, and race. **For EX. John Smith, 12, Asian.**

Is anyone in the home considered disabled? *

Has any adult in the home served in the military? *

Another field will appear if you select yes to either of these questions. In that field, list who is disabled or has/is in the military. If you do not know this information at the time, please go back and obtain.

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How to Fill Out Form: Request

Request

Please fill out information in it's entirety. Incomplete applications will prevent this request from being fulfilled in a timely manner.

Date Request Needed By (Our preferred payment method is credit/debit card. Please note checks are only cut on Wednesday of each week, this may fluctuate based on volume. Requests over \$500 require additional approval and will delay processing.) *

/ / 
MM DD YYYY

Let us now by when this request needs to be paid by. Please note, we will try our best to cut checks on Wednesday of each week, but this may vary by circumstances.

Is this request related to a challenge arising from COVID-19? *

- Yes
 No

Let us know how this request is related to a challenge arising from COVID-19?

This program is funded by COVID 19 funding. If your request is not related to COVID 19 this request will not be accepted

Type of Financial Assistance Needed *

- Utility Payment-Electric
- Utility Payment-Water
- Utility Payment-Internet
- Utility Payment-Phone
- Rent/Housing Assistance
- Car Insurance
- Car Note
- Emergency Food Assistance
- Other

Let us know what bills you or the applicant need help with. You can select multiple bills but keep in mind that we do have a cap of \$1,500 per household.

Total Amount Being Requested. *

Current Total Household Monthly Income (gross, before taxes) *

In this section we would like for you to add up the income of every member in the household. This will include wages, alimony, child support, and any other income received.

Does Family Own or Rent Home? *

Please describe the financial need and why the funds are being requested. Some case information is helpful here to help us in our decision making process and to report to our funders. *



Please list all financial assistance currently being received or recently applied for by family. Including, but not limited to: SNAP, WIC, cash assistance, unemployment benefits, child support, child trust fund, SSI/SSDI and any other income. IF NONE, TYPE N/A *

[Empty text box for financial assistance]

We would like to know who in the house receives or has applied for other benefits. If receiving benefits, please list name of benefit and amount received. **EX. APPLIED FOR SNAP WAITING APPROVAL -OR- JOHN RECEIVES 500 IN UNEMPLOYMENT.**

Will this request be paid with a credit card? *

- Yes
 No

PAYMENT REQUEST: Please provide who payment will be paid to, amount of payment, account number, address and phone of vendor/payee. Payments must be able to be done over the phone or via check, made payable directly to merchant. *

[Empty text box for payment request details]

IMPORTANT: We must know how to pay this bill. Please be very specific in this section. Let us know who and how to pay. Include any account numbers, & amount of bill you would like us to pay (if requesting multiple bills to be paid). **EX. DUKE ENERGY, \$132, ACCOUNT # 5555555, PAY BY PHONE**

Please provide any additional case information that will help us in approving this request or securing funding

[Empty text box for additional case information]

Please Attach Bill/Past Due Notice #1

Choose File No file chosen

Please Attach W-9

Choose File No file chosen

Please Attach Bill/Past Due Notice #2

Choose File No file chosen

Please Attach W-9

Choose File No file chosen

Any Additional Supporting Documentation

Choose File No file chosen

IMPORTANT, supporting documentation for all financial assistance must be attached to the request. Attach current bill being requested, late notice, eviction notice, 3-day notices here. If we are paying an individual or LLC, we will require a W-9 for that entity/individual. Add any additional supporting documents here as well. If you are having trouble attaching the document(s), please email it to Amandar@galf6.org

Submit Previous

Once form is complete hit submit. If needed, you may hit "previous" to amend previous pages of this form.

Once everything is complete, you can click submit. Complete Covid-19 requests for financial assistance will be reviewed within 48 hours. If this application is incomplete, a member of our staff will be in contact to complete the application and gather appropriate documents.