



COMMUNITY ACTION PLANNING COUNCIL OF JEFFERSON COUNTY, INC.

Head Start/Pre-K • Housing & Energy Services • Jefferson-Lewis Childcare Project • Family Center

Have you experience hardships due to the COVID-19 pandemic? Community Action Planning Council may be able to help!

Through CARES Act funding, income eligible households (those whose income is at or below 200% of the poverty level; income verification will be required) can seek assistance with:

- **Assistance with transportation costs** (assistance with bus fares, vehicle repair and maintenance costs).
- **Emergency appliance replacement** (washer, dryer, refrigerator, stove or air conditioner).
- **Assistance with Security Deposit** (security deposit to obtain safe/affordable housing).
- **Food and personal care assistance** (five-day supply of food, assistance with special; dietary needs, Personal care items (shampoo, soap, tooth brush/tooth paste, etc.).
- **Financial assistance to prevent eviction/foreclosure and/or utility shut off** (rent or mortgage payment, utility payment).
- **Emergency Expenses** (Examples: moving costs, car insurance, travel to attend funeral, care of an ill family member *not limited to this list*).
- **Assistance with costs needed for behavioral health and substance abuse services** (costs associated with counseling services, costs associated with treatment of substance abuse addiction).
- **Education and Employment Supports** (assistance with tuition and supplies needed to attend educational program, supports for successful employment (work boots, uniforms, tools, books, child care costs, etc.).

Please complete the attached fillable application for consideration and send to
mjmathewson@capcjc.org.



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Referral Form for Assistance

- Must be immediate need not covered by an existing funding source
- Must agree to disclose other assistance received
- PAYMENT CANNOT BE MADE DIRECTLY TO THE CUSTOMER
- Any questions please contact 315-782-4900, ext. 221
or via email to mjmathewson@capcjc.org

Please submit completed referral form to mjmathewson@capcjc.org

Date:

Applicant Name:

Applicant Address:

Family Size:

Phone Number:

Purpose for Request for Assistance (describe need):

Signature:

Please note: The first appointment will be for assessing the Family's needs with a Family Worker.

If this is a referral from another organization, please let us know the following:

Name of Organization:

Contact Name:

Phone Number and/or email of Contact: