

Families First Society - Emergency Fund

Families First is glad that you are reaching out! There are a lot of questions asked in the form - this is just our way of figuring out how to best support you.

If you feel like this form doesn't make sense, you need help, or you have questions, please reach out to Families First **Steadfast Connector** at any time: 780-619-9311 (text or call) steadfastconnector1@familiesfirstsociety.ca

They will respond to you during our business hours which are:

Monday - Friday 9:00 am - 4:00 PM

If you do not hear back within one (1) business day, please call the front desk at 780-998-5595 ext. 221.

The Families First Society Emergency Fund would not be possible without the generosity of community donors and the faith community. Without their support, these emergency funds would not be available.

The fund is not intended to replace already existing structures that address financial difficulties and emergencies. It is intended be used if those systems are not functioning in a manner that is helpful (e.g. you have been denied Alberta Income Support, there is a timing issue, or the cost of what you need is not covered).

WHAT CAN THE EMERGENCY FUND PAY FOR?

There are two (2) different streams of funding:

1. Fund requests <u>under</u> \$100:

- * May be made more than once (but not more than 4 times per year)
- * Must be able to provide some evidence that financial hardship exists but it is not necessary to be experiencing a financial "crisis" or emergency

Can include items such as (this list is not exhaustive; below are examples only):

- o I.D. costs
- o small start up fees (e.g. start up phone)
- o grocery support
- o school fees
- o fees related to forms
- o transportation costs (e.g. ARC bus pass)

2. Fund requests over \$100:

- * May be made only once every 2 years
- * Must be able to provide evidence that there is an immediate need (such as: impending eviction, utilities about to be cut off, new housing agreement/arrangement, etc.) that emergency funds will be able to alleviate

Requests can include items such as (this list is not exhaustive; below are examples only):

- Rent arrears
- Damage deposit and/or first month's rent
- Utility fees in arrears
- Moving costs
- Travel (if associated with new opportunities such as new housing)

PLEASE NOTE: If the need is so great that a one-off payment will not alleviate the issue, it is unlikely you will be granted emergency funds. We will however, connect you to the Steadfast Connector and other resources to support your ongoing needs.

Please note that not all requests are granted. We try our best to use the funds as best we can to support as many community members as possible.

If you are not feeling satisfied with the process, please contact Families First's Executive Director, Darryl Burry at: 780-998-5595 ext. 223 or exec.dir@familiesfirstsociety.ca

Personal Contact Information

- 1. First Name
- 2. Last Name
- 3. Preferred Pronouns
- 4. What is your age?
 - a. Under 18
 - b. 18-24 years
 - c. 25-54 years
 - d. 55 + years
 - e. Prefer not to answer
- 5. Is someone helping you fill out this form? YES NO
- Email Address
- 7. Phone Number
- 8. Preferred method of contact:
 - a. Phone
- b. Email
- c. Text

9. Do you live in Fort Saskatchewan? YES NO

If no, where do you live:

10. Please provide the person's name, contact information and agency name (if applicable) of the person supporting you to fill out this form.

Do we have permission to contact this individual? YES NO

11. Which funding stream are you applying for?

Stream 1 - Less than \$100

Stream 2 - More than \$100

Stream 1:

Financial Information

ONLY COMPLETE IF YOUR REQUEST IS FOR LESS THAN \$100

1.Have yo	ou made a re	equest to acc	cess this fund in the	past year?	
	Yes	No			
2. If you a	answered ye	s, when was	your last request m	nade?	
3.What is	this reques	t for?			
4 How m	web ere veu	, roquoeting			
4. HOW II	luch are you	requesting?			
5. Why a	re you makir	ng this reque	st at this time? (i.e.	what has happene	d recently that
this is a p	roblem now	?)			

Stream 2:

Financial Information

ONLY COMPLETE IF YOUR REQUEST IS **MORE** THAN \$100

1. Have you made a request to access this fund in the past year?	
Yes No	
2. If you answered yes, when was your last request made?	
3. What are your sources of income? Please list them all (including others in the	
household who are contributing to household income such as a spouse or adult chi	ild).
For example, AISH, Child Tax Benefit.	
4. What is your monthly income (after deductions are made; i.e. your take home amoun	ıt)
F. Are you able to provide decumentation regarding income?	
5. Are you able to provide documentation regarding income? YES NO	
6. Current living situation: Live Alone	
Live with spouse / partner	
Live with caregiver/parent/guardian	
Live with dependents - Ages:	
Live in Shared Accommodations	
Unhoused (your name is not on a lease)	
Do you receive financial support from any of the above? YES NO	

TOTAL:

Supports & Request

ONLY COMPLETE THIS SECTION IF YOUR REQUEST IS MORE THAN \$100

1. Are	you currently YES	y working with othe	r community supports? NO
	If yes, who?	Please list	
3. Wo	ould you be at	ole to pay back the	funds to support others in need?
	YES	NO	MAYBE
4. I a	m requesting Rent/Accom		ring. Please check all that apply.
	Utilities		
	Transportati	on	
	Identification	1	
	Prescriptions	s/Medications	
	Personal Ite	ms (clothing, footw	ear, personal care)
5. Do	you have any	y of the following? ⁻	Tick all that apply:
	Arrears Noti	ce	
	Eviction Not	ice	
	Disconnection	on Notice	
	None		
•	answered 'ye	es' to question 5, w	hat is the date of your impending eviction /

6. Amount of funding you are requesting:
7. What changes are you making to make sure this expense is not an issue in the future?
8. What supports do you need so this problem does not happen again?
9. Do you have family or friends who are willing and/or able to provide assistance? YES NO MAYBE 10. What is your alternate plan should you not receive funding from the Emergency Fund?
11. What is the date that you need funds by?

Consent and Agreement

1. Do you identify as any of the following?*Your response to this question is voluntary, however, your response does assist us in ensuring that we are serving under-supported community members*	
Indigenous	
Newcomer to Canada	
LGBTQ2S+	
Unhoused	
Prefer not to answer	
2. By completing this form, you agree to be contacted by one of our Families First teament to discuss the application. Please note that we cannot process your application without your consent. Do you consent to being contacted? Yes	
No	
3. Signature (your typed signature will be accepted as if it were penned)	
4. Date of request	