

Catharine Street Legacy & Family Support Program

Catharine Street Community Center, Inc.

REFERRAL GUIDELINES & APPLICATION FOR SUPPORT

The Catharine Street Legacy & Family Support Program was created to assist low income, working families navigate the challenges of child care, food insecurity and other basic needs. Catharine Street's resources are provided for families struggling to bridge the poverty gap between household income and local services. Catharine Street will assist families in need of critical resources who have been denied and/or in need of resources that are unavailable from public and other local services.

Requests for support can be made by either a referring agency or a member of the family. Once received, requests will be reviewed by the Catharine St. Legacy Committee. The Legacy Committee's approval activates a search for appropriate support.

A Family Support Plan is also completed for each request. Review and follow ups are conducted with the applicant, as needed. Resources may be provided to the family in the form of goods, services & financial assistance to providers. The Legacy Committee reserves the right to determine the disposition of a referral/request for support, including the allocation and conditions applicable to the distribution of resources. **The decision of the Legacy Committee is final. Requests can be submitted online or via mail to: Catharine St. Legacy Committee, P.O. Box 710, Poughkeepsie, NY 12602.**

Our Support May Include:

Food Bags, Gently Used & New Clothing, Gift Cards for Food and Gas, Referrals to a Family Coach for employment, financial, legal support etc., i.e, Day Care & Tutorial Fees to Providers.

ELIGIBILITY:

1. Low-Income households with one or more children residing with employed parents/guardians in Dutchess County. Grandparents/relatives heads of household on fixed-income may also apply.
2. Licensed Child Care Households (non-traditional hours)
3. Preference is given to families residing in the City of Poughkeepsie with children ages 3-12.

Support Will Not Be Provided For:

- Personal Loans/Reimbursement
- Home Improvements/Repairs
- Medical Expenses
- Out of State Travel
- Parking/Automobile Violations/Fees
- Burial Expenses
- Any other requests deemed ineligible by the Legacy Committee

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APPLICATION FOR SUPPORT

Referral Agency		Name of Applicant	
Agency a 501 © (3)	Yes [] No []	Self-Referral Yes [] No []	
Street Address			
City	State	Zip	
Household Composition	# of Adults [] # of Children/under 18 []	Household Income & Source	
Contact Person		Contact Title	
Contact's Phone		Mobile #	
Contact's Email Address			
Total Amount Requested:		\$	

A. State the need and how funds will be utilized. (Add additional sheet/documentation to support request, as needed)

B. Describe who funds will benefit and the age(s) of the individual (s).

C. Please list all agencies contacted and/or who will be contacted for assistance as well as any other sources that will provide assistance to the family (state specific contributions)

D. Describe plans for sustainability including timeline to ensure that current need will not reoccur in the future.

E. Is support from Catharine Street needed to leverage resources from other sources? If Yes, Please describe.

F. How will the family address the stated need, if external resources are not secured?

Optional Information

Catharine Street would be greatly assisted by the information below which will help in determining gaps in service, identify the needs of special populations as well as assist with planning and allocating scarce resources.

Please be advised that you are under no legal obligation to provide this information. This information will not be used to discriminate against you. Catharine Street will safeguard this information and consider it confidential to the fullest extent allowed by law. We thank you in advance for your help.

Age of Applicant: 18-25 [], 26-34 [], 35-45 [], 46-55 [], 56+ []

Gender:

Please check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American or Alaskan Native |
| <input type="checkbox"/> Latino | <input type="checkbox"/> LGBT or other identifier |
| <input type="checkbox"/> Multi-racial | <input type="checkbox"/> Disability (please describe) |

Submission Certification: I hereby certify that the information stated herein is true and accurate. I have read and understand the program guidelines.

As a representative of my organization, I am authorized to submit this application on the client's behalf.

Check for Certification: []

Signature: _____ **Date:** _____

Submitted as a Self-Referral: Check for Certification []

Signature of Applicant: _____ **Date:** _____