

Instructions for Completing a Volen Center Emergency Fund for Seniors Application

- Applicants must be 60 years old or older, to be documented by driver's license, birth certificate, passport, official state identification card, or another official identification prior to acceptance of the application. Attach a copy of the document used to the application.
- Applicants may request assistance in more than one category of aid and more than once a year.
- Applicants must provide personal budget information.
- **No funds will be given directly to the applicant.** Goods and/or services will be arranged and paid for directly by the Volen Center.
- Applications are subject to review and approval by the President/CEO of the Volen Center following a review of the application and verification of documentation.
- **Documentation for all requests must be attached to the application as follows:**
 - If assistance with utility bills is being requested, the applicant must provide original bills. The person assisting the applicant in completing the application should make copies of the originals, give the copies to the applicant, and then attach the originals to the application.
 - For assistance with housing costs, the applicant must present a copy of a rental agreement or mortgage bill, along with any late or eviction notice. The person assisting the applicant with the application should make copies, return originals to the applicant, and attach the copies to the application before submission. If the applicant is requesting assistance in paying for temporary housing in a hotel, the applicant must indicate the hotel he/she wishes to use. Volen Center staff will contact the housing provider directly and request documentation of any charges to be paid.
 - For prescription coverage assistance, the applicant must provide a copy of the prescription, which should be attached to the application. If the applicant prefers to use a specific pharmacy, he/she should specify which one. Volen Center staff will contact the pharmacy and arrange for payment AFTER the client has submitted the prescription to be filled.
 - If the applicant requires assistance for medical supplies, he/she must provide the name of the product, anticipated cost, and a source. Volen Center staff will ascertain the price and make payment, but the Volen Center reserves the right to obtain the product from another source if a better price can be found.
- **For Volen Center staff:** Copies of all receipts for expenditures must be attached to the application and the application and documentation retained **by the Center** for 7 years. Applications will be filed by the applicant's name and last 4 digits of the applicant's Social Security Number.

Submit applications to: Volen Center Emergency Fund for Seniors
Attn: President/CEO
The Volen Center
1515 West Palmetto Park Road
Boca Raton, Florida 33486

Notification of
acceptance/rejection will be
made in writing to the applicant.



Emergency Fund for Seniors Application and Approval Form

Date: _____

Referred for Help By: _____
 Name Agency/Organization/Relationship to you

May we contact the person who referred you to us? (circle one) YES NO If **YES**, please provide their phone number: _____

Did you have help in preparing this application? (circle one) YES NO If **YES**, please provide the Name and Contact information for the person who helped you (if different than the person you listed above as referring you to the Volen Center for help):

 Name Agency/Organization/Relationship to you Telephone Number

Applicant's Name: _____

Street Address: _____ City _____ State ____ Zip _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Date of birth: _____ (attach documentation to verify, such as a copy of a driver's license, birth certificate, etc.)

SSN #: _____

Emergency Assistance Requested

Area of Assistance	Explanation of Need	Specific Help Requested & Dollar Amount Needed
Food Assistance		
Rent/ Temporary Shelter/ Housing Assistance		

Area of Assistance	Explanation of Need	Specific Help Requested & Dollar Amount Needed
Water bill		
House Gas/ Propane		
Electricity		
Utility Reconnect		
Prescription Assistance		
Medical Supplies/Medical Services		
Other Necessity:		

Is there anything else you think we should know in considering this application?

Total Amount Requested: _____

Attach copies of required documentation to this page. If you wish to provide additional information, attach another page.

Monthly Income/Expense Budget

Applicants are required to provide information on monthly income and expenses. Although not the sole factor considered in providing support, income and expense are considered when evaluating applications.

Instructions for Income/Expense Worksheet

- **All items need to be stated as a monthly expense.** For example, if a person pays auto insurance quarterly, that expense should be divided by 3 and that amount entered on line 23.
- If the person making the request is married or in a partnership and **the couple lives in the same household**, income and expense for both persons should be included and then totaled.
- **Regarding income, GROSS amounts need to be used.** For example, the gross amount for a Social Security check is the amount before Medicare costs are extracted.
- If the person receives support through food stamps, list as “Other Income” on line 13.
- Copies of documents **documenting income and expenses** must be provided with the application.
- The signature regarding accuracy of information provided required by the applicant at the end of the application attests to the accuracy of reported income and expense.

MONTHLY INCOME AND EXPENSE WORKSHEET		Individual	Spouse	Total
	Monthly Income			
1	Social Security (SSA) including Medicare premium			
2	Supplemental Security Income (SSI)			
3	Veterans Administration (VA) Benefits			
4	Disability Payments, including Worker's Compensation (exclude disability payments reported under lines 2 and 3)			
5	Retirement Pension (Railroad, Union, Government, and Private)			
6	Interest/Dividend Income (Individual Retirement Accounts, IRAs; certificates of deposit, CDs), bank accounts, and annuity income including civil service			
7	Rental Property Income			
8	Estate/Trust Fund Income			
9	Alimony			
10	Regular contributions from another person			
11	Temporary Assistance for Needy Families (TANF)			
12	Wages/Salary			
13	Other Income:			
14	Total Monthly Income			

	Monthly Expenses	Individual	Spouse	Total
14	Rent/mortgage payment			
15	Home/Household Insurance			
16	Home Maintenance			
17	Condo/Association Fee			
18	Property tax if not included in mortgage			
19	Telephone			
20	Electricity			
21	Water			
22	Auto Loan/Lease Payment			
23	Auto Insurance			
24	Gasoline and auto maintenance			
25	Food			
26	Health Care Expenses Not Covered by Insurance			
27	Prescriptions			
28	Medical Supplies			
29	Treatment Co-Pays			
30	Dental/Vision/Hearing			
31	Over the counter medications			
32	Health Care Insurances			
33	Medicare Supplement (e.g., Med Advantage)			
34	Long Term Care Insurance			
35	Disability Insurance			
36	Dental Insurance			
37	Other:			
38	Life Insurance			
39	Child Support			
40	Alimony			
41	Recreation and Entertainment			
42	Charitable Donations			
43	Other Expenses:			
44				
45				
46	Total Monthly Expenses			
47	Total Monthly Income minus Total Monthly Expenses			

APPLICANT ACKNOWLEDGMENT

I affirm that the information I have provided with this application is true and accurate and that the Volen Center has the right to verify information I have submitted through whatever means are necessary. In the event that I have misrepresented any detail of my request, I understand that my request can be denied or, if funds are granted as I requested and it is found that I have misrepresented the level of need or any other factor after payment has been made, I understand that I will be required to repay any amount awarded and may be subject to any legal measures available to the Volen Center to recover the funds awarded.

Applicant's Signature _____ Date: _____

**FOR VOLEN CENTER USE ONLY
DO NOT WRITE ANYTHING BEYOND THIS SECTION**

Date Application Received: _____

Name of Staff Member Who Received Application: _____

Documentation reviewed Verified

Approved Disapproved President/CEO: _____ Date: _____

Consumer notified (date) _____

Completed (date): _____ (documentation of all expenditures attached)