Minneapolis Jewish Federation

P 952.593.2600 | F 952-767-6588 13100 Wayzata Blvd., Suite 200 | Minnetonka, Minnesota 55305

Women and Children's Emergency Financial Assistance Application

The Minneapolis Jewish Federation is accepting applications from single women and single mothers who are facing an immediate financial crisis. Funds will be distributed to vendors and service providers in an amount up to \$1,000 per year/per household to help pay for basic needs including rent/mortgage assistance, groceries, medicine, basic utilities, bus fare and child care payments. If you have already received an award from this program and are applying for a second year, you are eligible to apply for assistance up to \$500 per household.

Payments will be made directly to the vendor/service provider with the exception of groceries which will be awarded in the form of gift cards, and bus fare which will be awarded in the form of a metro transit card. We will not make any payments directly to the applicant.

To expedite the application process, we are accepting applications online, by fax or through mail only. Applications will not be accepted in person. **Applicants can expect to receive communication within 3 - 5 days of submitting their online application.** Please note that applications received through mail and fax will take longer to process.

Applications can be mailed to:

Emergency Financial Assistance for Women and Children in Crisis Minneapolis Jewish Federation 13100 Wayzata Boulevard, Suite 200 Minnetonka, Minnesota 55305

All applicant information will remain confidential. Please contact Wendy at the Minneapolis Jewish Federation at 952-417-2354 or emergency@mplsfed.org if you have any questions.

* Mandatory Field	* Today's Date:	
Personal Informa	tion	
	* First Name:	
	Middle Name:	
	* Last Name:	
	* Street Address:	
	* City/State/Zip:	
	Day Phone:	
	Evening Phone:	
	Mobile Phone:	
	* E-mail Address:	
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MINNEAPOLIS JEWISH FEDERATION

we build community

* Age: 18-30 31-45 46-65 66+ * Marital Status: Single Divorced Separated Widowed * Employment Status: Employed full time Employed part time Unemployed * Total WEEKLY Household Income:					
Please indicate the first name(s) and age(s) of all your dependents living in your household. (example: Carly - 2, Marty - 6)					
* How did you hear about this program?					
* What is your connection to the Jewish community?					
Details of Request					
* Please indicate the purpose of your request for emergency financial assistance: Rent/Mortgage Assistance Groceries Medicine Utilities Bus Fare Childcare Payments					
Other					
* What is the amount needed? Please itemize.					
	_				
* What part of your rent is currently being subsidized by Section 8 Housing?					
* Date payment is needed:					
* Please describe the circumstances that led to this emergency:					

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Packground Information	
* Do you have family members who	Yes No
•	res ino
are willing and able to provide	
some financial assistance to you?	
If "yes," how much?	
the amount requested and the amount	have requested emergency financial assistance from, including that has been approved to date.
Organization 1 (optional):	
Organization 2 (optional):	
Organization 3 (optional):	
References:	
If you are working with a case manager	r or social worker, please provide their name and phone number.
Name:	
Phone Number:	
Provide TWO personal references inclu	uding their full name, phone number, and nature of your relationship.

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* Phone Number:
 * Relationship:

* Reference 2 Name:

* Phone Number:
 * Relationship:

Payment Information:

(Note: If your request is	for assistance	e with groceries, please skip this	s section)
Ver	ndor 1 Name:		
	Address:		
City, Sta	te, Zip Code:		
Ph	one Number:		
Ver	ndor Contact:		
Ver	ndor 2 Name:		
Address			
City, Sta	te, Zip Code:	Code:	
•	one Number:		
	ndor Contact:		
Vor	ndor 3 Name:		
VCI	Address:		
City Sta	te, Zip Code:		
•	·		
	one Number:		
ver	ndor Contact:		
to emergency@mplsfed.ochildren in Crisis, Minneap Note: Applications will not Rent or Mortgage Assistance Submit eviction complaint, evicus summons and copy of lease of mortgage. Groceries: Submit note from medical	ach bill or invoi org, fax to 952 polis Jewish Fe be reviewed un se: iction	2-767-6588 or mail to Emergency deration, 13100 Wayzata Blvd, Ste. still all necessary bills, invoices and do shelf/meal program not adequate. Medicine: Submit note from medical professional explaining need. Utilities: Submit disconnection notice or	
professional explaining health/dietary need. Grocery assistance provided where for	od	notice of termination of service.	Childcare Assistance: Submit notice of termination of childcare
Comments:			
Signature:	Name:		
Oigilatal O.			
	Date:		