

Partnership for Age Friendly Communities (PAFC) Emergency Grant Program- Application for Assistance

The emergency grant program helps people age 60 and over with funding for financial needs that cannot be provided elsewhere. The program is dependent on the professional in the field to be the link with people who need help. This application must be submitted by a professional and cannot be submitted by the person requesting financial assistance. If you are an individual who needs financial assistance and you are not already working with a professional, please contact the Larimer County Office on Aging for assistance (970) 498-7750.

Please complete and return this application to:
Larimer County Office on Aging (LCOA) by email: adrc@larimer.org or fax (970) 498-7625

APPLICANT:

Last Name: _____ First Name: _____ Middle Initial: _____

Date of Birth: _____ Phone: _____

Has the Applicant previously applied for PAFC grant assistance?
(Formerly Foundation on Aging (FOA) Emergency Grant Program) Yes No Unknown

Applicant's Monthly Income: \$_____ Source of Income: _____

Household Income: \$_____ Source of Income: _____

Marital Status: Single Separated Divorced Married Widowed Common law

Gender: _____ Race/Ethnicity: _____

Spouse/Partner's Name: _____

Other Household Members: _____ Relationship: _____

Other Household Members: _____ Relationship: _____

Street Address:

Mailing Address:

REFERRING AGENCY:

Agency Name: _____ Date of Request: _____

Address: _____

Caseworker: _____ Phone Number: _____

Email: _____ Fax Number: _____

ASSISTANCE REQUESTED:

Description of Item or Service Needed: _____

Amount of Request: \$ _____

VENDOR/PROVIDER:

Please provide Vendor/Provider/Agency information for the agency/vendor that will be providing the requested item or service. Please note that if the funding is approved, payment is made to the provider and payment cannot be made directly to the applicant.

Name of Agency/Provider: _____

Type of Agency: _____

Contact Person: _____ Phone Number: _____

Address: _____ Fax Number: _____

Email: _____

Account Number: _____ Balance Due: \$ _____

7. What programs and services is the applicant currently receiving? Please include any public assistance programs/benefits that the applicant current receives.
8. What programs and services has the applicant been referred to by your agency, and has the applicant contacted the referrals? Please explain and list the referrals.
9. Will the requested funding resolve the issue? If not, how will the applicant pay the remaining balance? Please explain. *Please note that the foundation is unable to assist with partial funding unless the applicant can demonstrate that they are able to pay the remaining balance with their own funds, or with other funding sources.*

10. Additional Information/Social History. *Please provide any additional pertinent information.*

I hereby authorize and give permission for the release of this information to the Partnership for Age Friendly Communities (PAFC) Emergency Grant Committee and for this information to be released to another agency for possible payment. The applicant and referring agency agree to defend indemnify and hold the Partnership for Age Friendly Communities (PAFC) harmless from any and all claims, disputes, liabilities or causes of action arising out of the agreement to provide assistance, or the providing of assistance, or arising out of services and goods sold or provided to recipients of assistance through the PAFC Emergency Grant Program.

Signature of Applicant: _____ Date: _____
(If completed by assessor or via phone, please check here and sign below)

Signature of Person Referring: _____ Date: _____

Only signed applications can be considered. Please be sure that both applicant and referring professional have signed this application, or indicate above that the application was completed via phone.