



All Things Lyndon

All Things Lyndon Family Fund - Request Form

The All Thing Lyndon Family Fund is available through the Lyndon Promise Community. It aims to provide assistance to local Lyndon families in need of additional support with children age six and under. Requests are reviewed periodically.

Applicants may apply as many times as desired; however, applicants are only eligible to receive a maximum of three awards, including gas and grocery gift cards.

If this is an emergency request, please call 211 to be connected with other resources immediately.

If you have questions, please contact:

Katie Powers

All Things Lyndon Resource Coordinator

katie.powers@neklsvt.org

Lyndon Promise Community Mission Statement: *Strengthen all Lyndon families by providing opportunities to ensure all children are ready to enter school and be a part of their community*

Lyndon Promise Community Vision Statement: *All families in Lyndon will thrive by feeling connected, supported and empowered in their community*

Please fill out the following questions to the best of your ability.

Name _____ DOB _____

Address _____

Phone Number _____ Best time to contact _____

Email Address _____

List All Household Members & DOB

Presenting Issue/Request/Need **Amount:** _____

Please indicate any of the following resources that have been sought or used by you or anyone in the household in the last 60 days.

Immediate Needs

- H.O.P.E.
- Umbrella
- Mental Health Services
- Medical Services
- Youth Services
- NEKCA
- Other: _____

Housing

- NEKCA Intake Worker
- Applied for GA / Emergency Assistance at ES
- Economic Services (ES) Eligibility Worker
- Reach-Up Worker
- Youth Services IL Program
- NCMC / Section 8
- Other: _____

Fuel / Utilities

- Fuel Assistance
- Emergency Fuel Assistance
- Contact with Utility for payment plan
- Other: _____

Food

- Applied for Food Stamps / WIC
- Given a list of Food Shelf & Free Meals
- School Lunch Programs
- Given list of Senior Meal Sites
- Other: _____

Other

- Family Support Childcare
- Ecumenical Council
- Other: _____

Please briefly explain the instances on the previous page.

Organization/ Company	Applied for Assistance? Yes, No, N/A	Request	Approved/ Denied	Amount

- Yes No I certify that the above information is accurate and complete to the best of my abilities and knowledge.

- Yes No I acknowledge that the information provided above will be shared and reviewed by the Lyndon Promise Community Steering Committee, which includes local Community Partners and organizations. It will only be shared as necessary in regards to this application.

- Yes No A message can be left at the above phone number on voicemail or with person answering the phone.

- Yes No I want to be referred to other services if applicable.

- Yes No A community partner assisted me in completing this application.

- Yes No The above community partner personnel, _____, may be contacted regarding my application, including clarification, current status, and the outcome of this application.

Signature

Date