

Thanks to the generosity of the Alfred Z. Solomon Charitable Trust, Jewish Family Services of Northeastern New York (JFSNENY) offers the option to apply for supplemental financial assistance for counseling services and/or support groups for those who:

- may not have adequate insurance or any active coverage
- are having difficulty affording their deductible, co-payments or co-insurance
- have experienced a change in financial status or sudden unexpected expenses

JFSNENY is committed to helping individuals and families in our community to receive the services and resources they need and deserve. To support this, JFSNENY offers limited financial assistance (up to \$500 per family) to individuals and families based on availability and need.

Applicant Guidelines

- The applicant must not have received assistance from JFSNENY in the past three years.
- Documentation that demonstrates financial hardship is required.

Application Procedure

- 1) Submit applications with supporting documents by email (info@jfsneny.org) or by mail:
JFSNENY, 184 Washington Ave Extension, Albany, NY 12203
- 2) To determine eligibility, JFSNENY will consider factors such as the applicant's income, employment status, affordability of proposed need, ability to pay past due balance, and any other factors which may impact the applicant's situation.
- 3) A committee will review the application and all supporting documents provided. Applicants will be notified via email if any funds are awarded. No funds will be issued directly to the applicant.

If you have any questions or concerns, please contact:

Christina Murray, Executive Coordinator at JFSNENY, 518-516-1102 or info@jfsneny.org

PLEASE PRINT ALL INFORMATION LEGIBLY, and please complete all questions.

Full Legal Name: _____

Email Address: _____

Home Phone #: _____ Cell Phone #: _____

Mailing Address: _____

Current Employer & phone #: _____

Position/Title: _____

Employment Status: ___ Full-time OR ___ Part-time, approx. _____ hours average per week

Housing Costs: Homeowner, monthly mortgage: _____ Rent, monthly amount: _____

LAST YEAR'S GROSS ANNUAL HOUSEHOLD INCOME: _____

TOTAL NUMBER OF CURRENT HOUSEHOLD MEMBERS: _____

Fill in all spaces below for ALL household members (list yourself first).

FIRST and LAST NAME	DATE OF BIRTH MM / DD /YEAR	RELATION TO APPLICANT	Gender	Any concerns or disabilities	List all Sources of income	Recent 30-day Gross Income
1.		Self				
2.						
3.						
4.						

***If there are additional people living in the household, please add to the back of this form. ***

AMOUNT AND DESCRIPTION OF REQUEST

I am requesting assistance with: ___ Co-payments ___ Co-insurance ___ Deductible ___ Group Fees

Total Amount Requested: \$_____ to cover (# sessions, etc.): _____

Please describe your financial and insurance/benefits situation:

If this is an ongoing need, please describe your plan to cover future costs for services:

RELIGIOUS AFFILIATION (OPTIONAL)

Please share with us your religion or faith: _____

Are you a member of a congregation? ___ No ___ Yes, congregation: _____

Please check off any of the following services you are interested in, or could benefit from:

- ☐ Housing Security
- ☐ Food Security
- ☐ Healthcare Navigation (ex: Medicare, Medicaid, etc.)
- ☐ Social Services Navigation
- ☐ Case Management
- ☐ Clothes, furniture or household items
- ☐ Other items or services: _____

The applicant or proxy must sign this application before it can be processed.

I, _____ (print full name),
declare that the information provided to JFSNENY is correct and complete.

Applicant's Signature

Today's Date

JFS Staff Signature Receiving Application

Today's Date