

**PLAN OF CONNECTICUT
CHARITABLE TRUST REQUEST**

The PLAN of CT Charitable Trust provides assistance for Connecticut residents with disabilities. Most distributions will be made as a one time allocation, cannot be for services covered by entitlements nor be provided as cash directly to the beneficiary.

For a complete application please attach:

- **Proof of Disability** (Disability Determination Letter, *or* SSD payment stub/proof of direct deposit, *or* Doctor's Note)
- **An invoice from the company for your request**
- **Proof of income and assets** (Bank Statement, Tax Return)
- **List of your typical monthly expenses**

*** Applications cannot be considered without necessary attachments listed above ***

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/ Unit #

City State Zip Code

Phone: _____ E-mail: _____

Birth Date: _____ Disability: _____

Number of People in Household: _____ Benefits: SSI SSID Other: _____
Please Circle all that apply

Request: _____ Amount: _____

Please describe how your request will impact your everyday life:

What is your plan to solve this financial issue, if ongoing?

Have you applied to any other organization(s) for assistance, if so, where and how much?

How did you hear about the Charitable Trust? _____