

PLAN OF CT CHARITABLE TRUST Guidelines for Requests (Adult)

WHO DOES PLAN'S CHARITABLE TRUST SERVE?

The PLAN of CT Charitable Trust is a fund of need-based assistance that can temporarily help **Connecticut residents with disabilities**. Some individuals may be profoundly affected by their disability; others may be nearly independent but need some critical support.

WHAT REQUESTS DOES THE CHARITABLE TRUST SUPPORT?

Charitable Trust distributions that are covered by the trust are varied.

Past distributions include:

- Vehicle modifications
- Music therapy for a child with autism
- Adaptive equipment
- Advocacy and educational services

THE APPLICANT MUST PROVIDE:

- Proof of a disability (*Disability Determination Letter, SSDI payment stub/proof of direct deposit, or Doctor's note meeting SSA standards for disabled- form available*)
- Completed income/expense form on page 3 (*Applicants with limited income/assets given priority*)
- Recent Bank Statement or Tax Return
- Invoice from vendor(s) with costs (*two or more quotes are needed for installation services*)
- Proof of ownership of home/vehicle (*if request is for a home or vehicle improvement*)

THE CHARITABLE TRUST DISTRIBUTION STIPULATIONS:

- Requests may not interfere with public benefits or supplant available public benefits
- Requests may not be towards a debt payment
- PLAN pays vendors directly via check for services or goods, cash will not be awarded

HOW DOES THE SELECTION PROCESS FOR REQUESTS WORK?

- Our trust committee meets on the second Thursday of each month to hear requests
- Submitting a request prior to the meeting does not guarantee request approval
- Incomplete applications cannot be reviewed until required documents are provided
- We will mail a committee decision letter the week following the meeting

PLEASE COMPLETE AND SEND TO PLAN AT:

MAIL: PLAN of CT, P.O. Box 290937, Wethersfield, CT 06129

FAX: (860) 523-0267

PLAN OF CONNECTICUT CHARITABLE TRUST APPLICATION (Adult)

Request:	Amount:
Contact: <i>(if not applicant)</i>	Relationship to Applicant:
Phone:	Email:
Applicant Name:	Birthdate:
Street Address:	City, State, Zip Code:
Disability:	Date of Request:
Benefits: SSA SSI SSDI Other: _____ <i>(Please circle all that apply)</i>	Number of People in Household:

For your request to be considered you must first submit all of the following:

- **Proof of disability for applicant** (See guidelines for accepted forms)
- **Invoice from a company for requested amount**
- **Proof of income**
- **Completed monthly income/expense form** (Page 3 - Attached)

1. What benefit will this request have on the everyday life of the applicant?

2. If your request is for a set duration (*i.e. lessons for 6 months*), what goal(s) will the applicant reach during this time with our assistance?

3. Is this an ongoing financial need for the applicant? Yes / No

If yes, what resources do you plan to use to cover future costs of this request?

4. Have you applied for a grant with any other organization(s) for this request? Yes / No

If yes, at which organization(s) and for how much assistance?

5. How did you hear about PLAN's Charitable Trust? _____

**PLAN OF CONNECTICUT
CHARITABLE TRUST APPLICATION (Adult)**

Monthly Expenses and Income

<u>Estimated Expenses</u>		<u>Estimated Income</u>	
Rent/Mortgage:	\$ _____	Wages (<i>take home pay</i>):	\$ _____
Gas/Oil Utility:	\$ _____	Disability Income:	\$ _____
Electric Utility:	\$ _____	Social Security:	\$ _____
Phone Bill:	\$ _____	Unemployment:	\$ _____
Food:	\$ _____	SNAP:	\$ _____
Medical: (<i>equipment, supplies, copays</i>)	\$ _____	TANF:	\$ _____
Insurance - Medical:	\$ _____	Child Support:	\$ _____
Insurance - Auto:	\$ _____	Alimony:	\$ _____
Transportation: (<i>Gas, bus pass, etc.</i>)	\$ _____		
Miscellaneous: (<i>Clothing, personal care</i>)	\$ _____		
Total Monthly Expenses:	\$ _____	Total Income per Month:	\$ _____
$\frac{\text{Total Income}}{\text{Total Expenses}} = \text{Net Monthly Income: } \$ \underline{\hspace{2cm}}$			

**** In order for our committee to review your request, we must have a completed application with all required documents prior to our monthly committee meeting. ****