



## PLAN OF CT CHARITABLE TRUST Guidelines for Requests (Child)

### 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, SSI 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 of Guardian
- 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

**EMAIL:** Info@planofct.org

## PLAN OF CONNECTICUT CHARITABLE TRUST APPLICATION (Child)

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

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 the 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 child?**

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

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

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

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**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?

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**5. How did you hear about PLAN's Charitable Trust?** \_\_\_\_\_

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

**Monthly Expenses and Income**

<b><u>Estimated Expenses</u></b>		<b><u>Estimated Income</u></b>	
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> )	\$ _____		
<b>Total Monthly Expenses:</b>	<b>\$ _____</b>	<b>Total Income per Month:</b>	<b>\$ _____</b>
_____	-	_____	= <b>Net Monthly Income:</b> \$ _____
<i>Total Income</i>		<i>Total Expenses</i>	

***\* 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. \****