PLAN of Connecticut

Live for today. We'll plan for tomorrow.

SPECIAL NEEDS FOCUSED TRUST MANAGEMENT

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 of CT 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)

Request:	**Amount:**
Contact: *(if not applicant)*	**Relationship to Applicant:**
Phone:	**Email:**
Applicant Name:	**Birthdate:**
Street Address:	**City, State, Zip Code:**
Disability:	**Date of Request:**
Benefits: SSA SSI SSDI Other: _____ *(Please circle all that apply)*	**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(s) 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?

2. What goal(s) will the child reach with our assistance? If the request for support is for a duration of time (i.e. six weeks) please mention the benefit of that particular duration chosen.

3. Is this an ongoing financial need for the child? **Yes / No**
What financial resources do you plan to use to cover future or remaining 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 (Child)

Monthly Expenses and Income

Estimated Expenses		Estimated Income	
Rent/Mortgage:	$_____	Wages (*take home pay*):	$_____
Gas/Oil Utility:	$_____	Disability Income:	$_____
Electric Utility:	$_____	Social Security:	$_____
Phone Bill:	$_____	Unemployment:	$_____
Food:	$_____	SNAP:	$_____
Medical: (*equipment, supplies, copays*)	$_____	TANF:	$_____
Insurance - Medical:	$_____	Child Support:	$_____
Insurance - Auto:	$_____	Alimony:	$_____
Transportation: (*Gas, bus pass, etc.*)	$_____	Pension:	$_____
Misc./Other_____:	$_____	Other:_____	$_____
Total Monthly Expenses:	**$_____**	**Total Income per Month:**	**$_____**

_____ - _____ = **Net Monthly Income**: **$_____**
Total Income ***Total Expenses***

**** 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. ****