

**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 if under 18 or over 65)
- **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? \_\_\_\_\_