

HELPING HAND FUND APPLICATION



CONFIDENTIAL : This document and its contents belong to Catholic Charities and are confidential or legally privileged. Information you supply to Catholic Charities is confidential and will not be divulged to your employer (PH&S).



APPLICANT CONTACT INFORMATION

Name _____

Phone _____ Work # _____

Email _____

Street Address _____

Mailing Address _____

DEMOGRAPHIC INFORMATION

Date of Birth _____ Gender Female Male

Marital Status Cohabiting Married Single
 Divorced Separated Widowed

Do you or anyone in your household have a disabling condition? No Yes _____

What language is spoken at home?

What is your cultural heritage? (Check any that apply)

- African
- Asian
- Black/African American
- Latino/Hispanic
- Middle Eastern
- Native American or Alaskan Native
- Native Hawaiian or Pacific Islander
- Slavic
- White
- Other _____
- Declined to Answer

Estimated Monthly Household Income: \$ _____

Income Source(s): _____

How many adults are in your household? _____

How many children are in your household? _____

EMPLOYMENT INFORMATION

How long have you worked at PH&S? _____

For which site/entity do you work? _____

How did you hear about the Helping Hand Fund?

EMERGENCY NEED

Briefly describe your situation and emergency need.

Please indicate any steps you have already taken to try to meet this need.

- Requested to delay payments or pay over time
- Applied for financial assistance from medical providers
- Community Agency / Religious Organization
- Short-term loan from a financial institution
- Loan from family/friends
- Consumer credit or budget counseling
- Withdrawal from retirement funds
- Payroll Advance
- Other (Please explain): _____

In the past three years, have you had this or a similar financial need before? Yes No

If yes, how did you meet that need?

FORM INSTRUCTIONS

Please fill out completely and submit via one of the following ways. We will contact you within 2 business days of receipt of your application.

Email providence@catholiccharitiesoregon.org

Fax 503-238-4716, ATTN: Financial Wellness Services

Mail Catholic Charities, Attn: Financial Wellness Services
2740 SE Powell Blvd #5, Portland, Oregon, 97202

How much money do you need for this emergency?
