



Request for Financial Relief

Madison Social Services COVID-19 IMPACT Program

Madison Social Services has been granted special funding through the generosity of Madison Neighbor2Neighbor and others to help mitigate some of the immediate financial impact to community members as a result of the COVID-19 pandemic. This program has been developed to provide relief for the households that have lost a portion of their income as a result of the COVID-19 public health crisis. To apply, a community member must complete and submit the attached application. Applications will be processed in the order that they are received, and assistance will be granted to those eligible as long as there is funding available.

To be eligible applicants must be a resident of Madison, Connecticut, have been impacted by the COVID pandemic in some way, and apply as a head of a household. Applicants who have previously received financial assistance from MYFS through “COVID Assistance” or “COVID IMPACT” must wait at least 30 days from the date of their previous application before being eligible again. Eligible and approved recipients may receive a single payment according to the following:

Household Member: One (1) - \$300	Household Members: Two (2) - \$400	Household Members: Three and above - \$500
-----------------------------------	------------------------------------	--

Applications must be completed in full and legible. Applications may be submitted via scan/email. If you are unable to complete the application via email please call our staff that will be able to assist you. Staff will also be available to answer questions and provide guidance over email and/or via phone. All applications will be processed as they are received and all applicants will be notified as to the program determination within one to three weeks of receipt of their application.

Completed applications should be scanned electronically and emailed to madisonwillrise@madisonct.org with “COVID IMPACT Program” in the subject line of the email. Applicants are strongly encouraged to utilize this method if possible, and may call our office to discuss any questions about the application itself and/or submission alternatives.

Applications may also be faxed to (203) 245-5648 to the attention of “COVID IMPACT Program.” Applicants are discouraged from mailing given the potential time lag, however if an application is received via mail it will be processed and time-stamped as of the date of receipt. Arrangements can also be made over the phone to drop off the applications if necessary.

**Madison Youth and Family Services
10 School St
Madison CT 06443**

If you have any questions, please call our office at 203-245-5645. While we are working remotely, you can leave a message, and our staff will be in contact to assist you with this program and may be able to provide further support and guidance.

COVID-19 IMPACT Application

Please write legibly. Thank you.

Date of Application: _____ **Name (Head of Household):** _____

Address: _____

Phone: _____ **Email Address:** _____

Total number of household members: _____ **Members age 17 or younger** _____ **(Optional)**

In your own words, please tell us briefly how you/your family have been financially impacted by COVID-19 (i.e. loss of wages due to lay off, care for family/children, illness) : _____

In your own words, please tell us briefly how you/your family would utilize any assistance if granted through this program: _____

By signing this form I am attesting to the information being provided by me as the applicant as true and accurate. I understand that by submitting this application it does not guarantee that if deemed eligible I will receive the assistance. Applications will be processed in order that they are received, and assistance will be granted to those eligible as long as there are funds available. I understand that any assistance granted would be a single payment to the named applicant.

Applicant Signature _____ **Date** _____

Our Social Services Department will be in contact with you for additional information if needed to determine eligibility.