

CRISIS FUNDING FOR FAMILIES

Please review eligibility before completing the Crisis Funding Referral form

- | | | |
|--------------------------|--------------------------|---|
| Y | N | |
| <input type="checkbox"/> | <input type="checkbox"/> | are you are a parent, caregiver, or guardian of a child under 18, or are expecting a child? |
| <input type="checkbox"/> | <input type="checkbox"/> | are you are a full-time resident of Moosonee or Moose Factory? |
| <input type="checkbox"/> | <input type="checkbox"/> | have you experienced a recent crisis, and if so, do you or your household have any significant, unmet needs? |
| <input type="checkbox"/> | <input type="checkbox"/> | are you connected to a community support worker that can verify your family's situation, and can complete our Crisis Funding Referral form available at www.CYMS.ca ? |

Types of crisis can include:

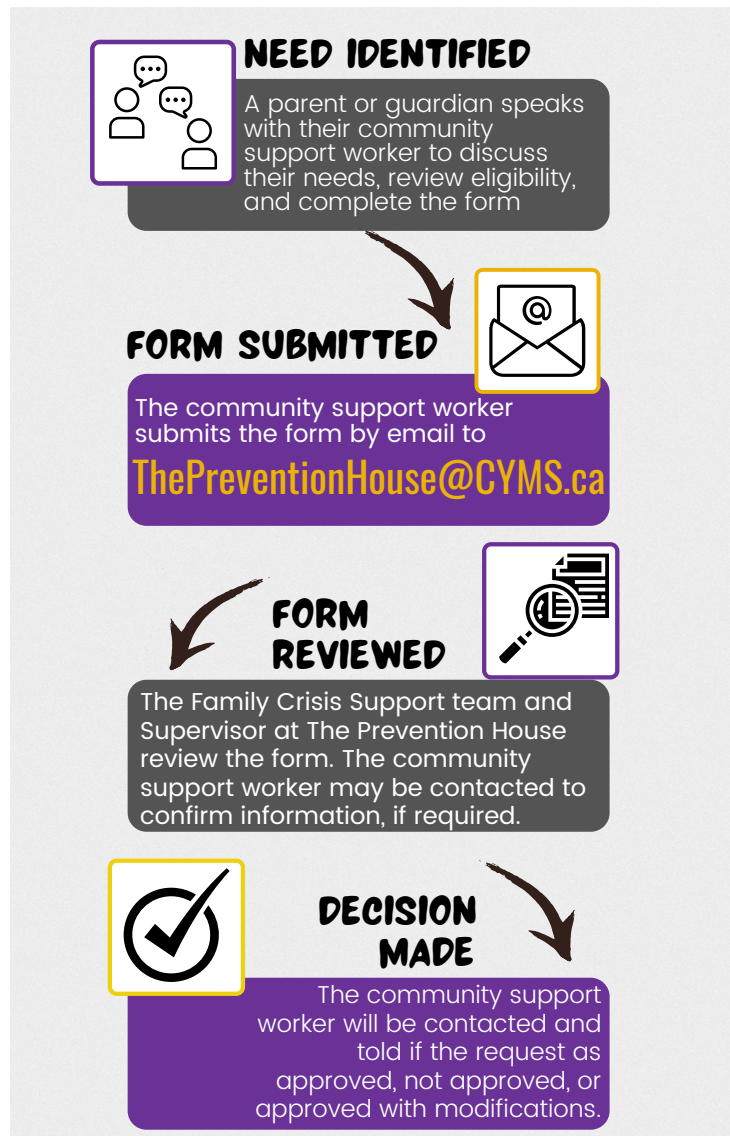
- loss or separation
- physical or mental health emergencies
- violent or traumatic events
- damage or loss of housing
- sudden job or income loss
- child welfare interventions
- accidents or other emergencies

Community support workers can include:

- CYMS or Payukotayno workers
- Band Representatives
- health or medical professionals
- traditional healers or mental health counsellors
- other professionals or service providers who have direct, working knowledge of the family

Crisis funds can be used to purchase:

- groceries up to 14 days
- cleaning supplies
- hygiene products
- essential clothing
- beds or other household items
- phones or other devices
- home safety and security items





CRISIS FUNDING REFERRAL FORM

Urgent Referral (within 24 hours)? YES NO

Date Referral Submitted: _____

Date Funding is required: _____

COMMUNITY SUPPORT WORKER INFORMATION

*Information on person filling out the referral form

Name and Position:			
Organization:			
Contact information (phone):			
Contact information (email):			
Preferred method of contact:	Phone <input type="checkbox"/>	Email <input type="checkbox"/>	Other <input type="checkbox"/> _____

CLIENT AND FAMILY INFORMATION

*Please note: client will not be contacted related to this request. Only the Community Support will be contacted.

Primary caregiver name:		DOB:	
Secondary caregiver name:		DOB:	
Address:			
This address is:	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	
Alternative address or other contact information (if necessary for the delivery of items):			
First Nation affiliation(s):			
Child Information <ul style="list-style-type: none"> Children of the caregivers identified above Under 18 years of age 	Child name	Living with	
	Date of birth		
Other services:	Is the individual/family currently receiving services through Payukotayno James and Hudson Bay Family Services or Child and Youth MilopemahteseWIN Services (CYMS)? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>		
If yes, please identify what service (s): _____ _____			



CRISIS FUNDING REQUEST DETAILS

ALL AREAS ARE REQUIRED TO BE COMPLETED

Type of Request:

Individual

Household

Please describe the nature of the crisis and any relevant details related to the family's needs.

Please describe other sources of funding explored. *If no other funding sources have been explored, please connect with our Family Crisis Support Worker who may direct you to other potential funding sources.



Cost Section A - Household Items

If needed, please estimate costs of items that are not groceries.

if items need to be purchased by Prevention House Staff, please attach an itemized quote

<p>Items needed:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: right;">Total estimated cost:</p>	<p>Estimated Cost:</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>	<p>If items are <i>not</i> needed, please check this box: <input type="checkbox"/></p>
---	--	--

Cost Section B – Groceries

If groceries are needed, please fill out section below.

Grocery Rate - Adult = \$12/day, Child/Youth = \$10/day

groceries may be provided until next source of income is received or for a 14-day maximum

<p>_____ x _____ x \$12 = \$ _____ number of days x number of adults adult total</p> <p>_____ x _____ x \$10 = \$ _____ number of days x number of children children total</p> <p style="text-align: center;">adult total + children total \$ _____</p>	<p>If groceries are <i>not</i> needed, please check this box: <input type="checkbox"/></p>
---	--

<p>Grand Total cost/estimate (section A + section B)</p>	<p>Purchase Order (PO) Information (if applicable):</p>
<p>\$ _____</p>	<p>Name to be placed on PO:</p> <p>_____</p> <p>PO to be sent to (Northern Store, The Brick, etc.):</p> <p>_____</p>



CONSENT	
I, the community support worker, have received permission from the client to complete and share the information contained in this referral with Prevention House staff:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of consent received:	Verbal <input type="checkbox"/> Written <input type="checkbox"/>
Date of consent obtained:	
Signature of community support worker:	
Date of signature:	

WAYS TO SUBMIT THIS CRISIS FUNDING REFERRAL:

Electronically - email to ThePreventionHouse@CYMS.ca

If there are any technical issues, please contact a Prevention House worker.

FOR PREVENTION HOUSE USE ONLY	
Request for funding: ___Approved ___Not Approved ___ Approved with modifications:	

PO Note: _____	
PO #: _____	
EMHware ID #: _____ Prevention Worker Assigned _____	
Family Crisis Support Worker Name:	
Signature: _____	Date: _____
Prevention Supervisor Name:	
Signature: _____	Date: _____