

JFCS offers financial assistance grants to help people meet basic needs when they are faced with unexpected emergencies.

ELIGIBILITY

You are eligible to apply if you answer yes to at least one of the following:

- You are a Hennepin County Resident
- You or a member of your Household is currently a JFCS client or participant
- You are Jewish
- You work for a Jewish organization in Hennepin County

QUALIFYING EXPENSES

JFCS grants can be directed towards the following needs:

- Rent/Mortgage
- Utilities
- Medical-related expenses
- Transportation (*for travel to work or school*) including, but not limited to: auto repair, auto insurance, bus pass, and gas
- Food
- Household supplies
- Other basic needs may be considered on a case-by-case basis including, but not limited to: medicine, childcare, and technology support

APPLICATION PROCESS

- 1 Fill out this Application completely.
- 2 Submit your application and supporting documents by one of the following:
 - Email: intake@jfcsmpls.org
 - Website: www.jfcsmpls.org/emergency-financial-assistance
 - Mail: Intake and Resource Connection, 5905 Golden Valley Road, Golden Valley, MN 55422
 - Fax: 952-417-2146
- 3 JFCS staff will call you to review your monthly budget, discuss other resources, and request documentation to support your application.
- 4 JFCS staff will present your application and supporting documents for review, and will contact you with questions or if a decision is made regarding your application.
- 5 If approved, payment of basic needs grants can take up to 10 days after approval. If your request is not approved, JFCS staff will do our best to recommend other community resources.

THINGS TO KNOW

- JFCS reviews financial assistance applications as they are received. This process can take 10 business days or longer.
- Grants are made payable directly to vendors rather than applicants. JFCS cannot fund deposits or credit card payments.
- The amount of grants available to a household is limited; there is no guarantee all applications can be approved.
- You may be asked to explore other financial resources before or in addition to a grant from JFCS. JFCS staff will also do our best to recommend additional community resources that may be helpful.

Financial Assistance Application

Name (*first and last*) _____ Date of Birth _____

Other Members of Household

First and Last Name	Date of Birth

Address _____

City _____ State _____ ZIP _____

County of Residence _____

Phone _____ E-mail _____

What is the best way to contact you? Phone Email Both

Is it OK to leave a message at this contact? Yes No

When is the best time to contact you? Morning Afternoon

What is your religion, if any? (*Financial aid is available regardless of religion*) _____

Are you currently active in a JFCS program? Yes No

If so, who is the JFCS staff person you regularly work with? _____

Describe your emergency _____

How much are you requesting? \$ _____ Who referred you to JFCS? _____

I certify that all information provided by me is accurate and complete.

Applicant's Name (Please print) _____

Applicant's Signature _____ Date _____