



Date Received: _____
Approved: _____ Not Approved: _____
Amount Requested: _____
Amount Approved: _____

ONLINE GRANT APPLICATION FOR EMERGENCY FUNDING ASSISTANCE FOR RI FOSTER FAMILIES

The RI Foundation and United Way of RI jointly established the “RI COVID-19 Response Fund” to support non-profit organizations with funding as a result of the Coronavirus. Foster Forward and The Village for RI Foster and Adoptive Families collaborated together and have been approved to provide direct financial assistance to foster, kinship, adoptive and guardianship families in RI. The Village will oversee \$39,000.00 for direct support (*between \$50.00-\$250.00 per family*) for food and basic needs, housing and other bills, help with accessing/maintaining WiFi for remote learning for children and emergency respite support.

Please complete ALL of the information below online in order to apply for this financial assistance:

1. Basic Information (Note: The check will be mailed by Foster Forward to the person listed below, if this application is approved):

Name: _____ DOB: _____
Address: _____ City: _____
State: _____ Zipcode: _____
Telephone/Cell: _____ Email: _____

2. Are you a: ☐ Foster Parent ☐ Kinship Family ☐ Adoptive Parent ☐ Guardianship Parent

3. Name(s) and ages of Foster/Kinship/Adoptive/ Guardianship Child(ren) living with you:

Name: _____ DOB: _____
Is this child ☐ Foster ☐ Kinship ☐ Adoptive ☐ Guardianship

Name: _____ DOB: _____
Is this child ☐ Foster ☐ Kinship ☐ Adoptive ☐ Guardianship

Name: _____ DOB: _____
Is this child ☐ Foster ☐ Kinship ☐ Adoptive ☐ Guardianship

Name: _____ DOB: _____
Is this child ☐ Foster ☐ Kinship ☐ Adoptive ☐ Guardianship

4. Please list any specialized needs (*health care, nursing or therapeutic support, etc.*) of each child named above (please describe for EACH child):

5. Name(s) of your DCYF Social Caseworker:

Name: _____ Cell Phone: _____

6. Employment Status: _____ Retired _____ Currently employed and working

_____ Unemployed and have applied for Unemployment

_____ Unemployed and NOT applying for unemployment

_____ Other (explain) _____

7. Do you have a community agency that oversees the child(ren) in your care or do you work directly with DCYF?

_____ Yes I have a Community Agency (Name): _____

_____ I do NOT have an agency but work directly with DCYF

8. Have you received any additional financial support from an agency in the last 2 months?

_____ No _____ Yes if yes, Please describe how much you received and from what agency:

9. Is there any other information we should know about you and your family to assist us in making a decision to approve your application?

10. Tell us what specifically you will use this money for ?

11. Are you involved in any of "The Village's" statewide community Support Groups?

_____ No _____ Yes (Which Group?) _____

12. Are you a member of any of "The Village's" Facebook Pages?

_____ No _____ Yes (Which one(s)... _____ The Public Page _____ Private Online Support Group)

NOTE: "The Village" reserves the right to determine priority funding for foster, kinship, adoptive and guardianship families based on information provided and available to us. We recognize that the Coronavirus has had a significant impact on all families and really appreciate all you do for children in your care. The funds available through this grant are limited and the highest amount of funding will be provided to individuals who are most in need.

I certify that the information included within this application is true and complete. I give "The Village" permission to verify any information contained within this form and to obtain any additional information about this request from my Social Caseworker or Community Agency contact person, as necessary
Applicant's Signature: _____ Date: _____