

JOINT COALITION ASSISTANCE FUND GUIDELINES & APPLICATION

Mobile Senior Coalitions

www.MobileSeniorCoalitions.com

- 1) The Joint Coalition Assistance Fund Committee is responsible for reviewing and approving applications. Please phone any JCAF committee member for an application or information.
- 2) The committee meets as needed, usually once a year. A minimum of one week is required for processing requests.
- 3) Referral and application must be completed by a Coalition member.
- 4) Assistance will be limited to seniors who live in Baldwin and Mobile Counties.
- 5) Eligibility for participation will be based on meeting the most current HUD 80% median low-income guidelines:
For Baldwin County: - \$35,500 for one person - \$40,600 for two people
For Mobile County: - \$30,200 for one person - \$34,500 for two people
- 6) The age criteria for assistance is 55 years and above, with exceptions at the discretion of the JCAF Committee.
- 7) Individuals requesting assistance above \$200 should have tried one other source before coming to the JCAF Committee. For requests under \$200, no other resources need to be contacted. If it is necessary to request funding from other sources, the total amount needed must be arranged before the JCAF will issue a check. Checks are made out to providers/suppliers only.
- 8) The maximum amount to be given for assistance to any one cause or individual will be \$600 in a two year period. However, the committee can make the decision to exceed that amount if circumstances warrant. If appropriate, the committee will coordinate with other agencies to maximize the funds.
- 9) Generally, funding cannot be used to pay for items or services already purchased, refundable deposits, or for recurring expenses. However, in extenuating circumstances, the committee will review these requests.
- 10) The Coalition member should make a reasonable effort to find an appropriate price for the requested product or service. However, competitive pricing may be required depending on the item.

PLEASE FAX COMPLETED FUNDING APPLICATIONS TO THE COMMITTEE MEMBER FOR THE CURRENT MONTH AS SHOWN BELOW

Contact: Cynthia Dahmer - VP of Coalition Assistance Fund
251-895-2508
251-295-5624
cynthia.dahmer@gentiva.com
FAX: 251-317-0114

JOINT COALITION ASSISTANCE FUND (JCAF) APPLICATION

Date of Application_____

Referral Source/Coalition Member

Contact Name_____ Phone_____

Address_____

City_____ State____ ZipCode_____

Member of Mobile Senior Coalition Referring_____

Applicant Information

Name (s) (A)_____ (B)_____

Address_____

City_____ State____ Zip Code_____ County_____

Marital Status (A)_____ Birthday_____ Phone_____

Marital Status (B)_____ Birthday_____ Phone_____

Monthly Income Monthly Expenses

Source/Amount_____ \$_____ Item/Cost_____ \$_____

Source/Amount_____ \$_____ Item/Cost_____ \$_____

Source/Amount_____ \$_____ Item/Cost_____ \$_____

Source/Amount_____ \$_____ Item/Cost_____ \$_____

Income, Living Situation & Assistance Requested

Total Income \$ _____ Total Costs \$ _____

Living Situation: ___ Alone ___ With Spouse ___ With Family ___ Other

Description of Assistance Required and Why:

How much of the cost is the applicant able to contribute? \$ _____

If request is greater than \$200, another source must be contacted.

Other agencies contacted for assistance for this particular person.

Name _____ Amount Approved \$ _____ Funding Denied? _____

Name _____ Amount Approved \$ _____ Funding Denied? _____

Total Cost \$ _____ Total Funds Requested \$ _____

Send check to: Supplier Name _____ Attention: _____

Address _____

City _____ State _____ Zip Code _____

Phone # _____ Cell _____

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