

Fort Saskatchewan Emergency Assistance Fund

Guideline Information

This funding has been made available thanks to a generous contribution by the Fort Alliance Church, First United Church and Community Baptist Church.

Applicants must first contact Alberta Supports Income Support Program for assistance. If you are facing an unexpected emergency, you can apply for emergency financial assistance. They can be contacted at: 780.417.2497. If you do not qualify or they can only cover a portion of what you need, you may apply for this funding to help you.

This funding is a one-time funding assistance.

This Emergency Fund is intended for members of the community who are experiencing financial hardship and who have exhausted all other sources of support.

Please ensure the following is included when completing the application:

- Ensure all fields are complete
- Provide proof of income (*eg. pay stub, EI pay stub, bank statement, etc.*)
- Include application and Consent to Share Information form

Ensure to include if you are able to pay back all or a portion of requested emergency funding. Giving back may assist in ensuring others can benefit from the program.

Questions can be directed to the Steadfast Coordinator, Families First Society. Contact information is found on page 3.

Thank you.



Fort Saskatchewan Emergency Assistance Fund Application

Have you contacted Alberta Supports? (780-417-2497) *Must provide worker signature below.*
 Were you approved for funding?

Yes ___ Amount \$ _____ No ___ If not, why? _____

Signature of AB Supports Worker: _____

Applicant Name: _____

Address (if applicable): _____
 (*Priority given to residents of the City of Fort Saskatchewan)

Phone: _____

Monthly Net Income: _____ Documentation provided: Yes No

Household members:

Name	Birthdate (D/M/Y)	Relationship to applicant	Monthly net income

Are you currently working with other agencies? Yes No

If yes, name agencies: _____

Have you previously received financial assistance from the following agencies:

- | | | |
|---|-----|----|
| • Local Churches | Yes | No |
| • AB Seniors Benefits | Yes | No |
| • AISH | Yes | No |
| • Alberta Supports | Yes | No |
| • Persons with Developmental Disabilities (PDD) | Yes | No |
| • Fort Saskatchewan Emergency Fund | Yes | No |
| • United Way Emergency Fund | Yes | No |
| • Direct Energy Utility Fund | Yes | No |

If yes, what for: _____

Would you be able to pay back any portion of the money to assist others in need? Yes No

Requesting help with:

- Rent/Accommodation Utilities Transportation
 Identification Prescriptions/Medications Other _____
 Personal Items (clothing, footwear, personal care)

Amount Request: \$ _____

Additional Information

Who assisted you to complete this application?

Service Provider Name: _____

Phone Number: _____

Agency: _____

I declare the above information is complete and accurate.

Client Signature

Witness

Date

Drop off, mail or email application form to:

**Families First Society
Attention: Steadfast Connector
9901 90th Street
Fort Saskatchewan AB T8L 3T1
780.998.5595 – Extension 239
Email: fortsaskemergencyfund@gmail.com**

Monday to Friday - 8:30 am to 4:00 pm



This fund is administered by P.A.F.S and is funded by:

- Fort Saskatchewan Alliance Church
- Fort Saskatchewan First United Church and
- Community Baptist Church

Fort Saskatchewan Emergency Assistance Fund Consent to Share Information

I, _____ (please print clearly) give my consent to an authorized representative of the Fort Saskatchewan Emergency Assistance Fund to collect, disclose and use my personal information for the purpose of:

- Ensuring the accuracy of the information received on the application for assistance
- Allowing the Fort Saskatchewan Emergency Assistance Fund representative to assess how my needs may be met and to determine whether assistance can be arranged through the fund
- Allowing a Fort Saskatchewan Emergency Assistance Fund representative to use and share my personal information with the following service agency in order to determine and record whether financial assistance has been or is being obtained from other service providers in order to eliminate duplication of assistance
 - Agency Name _____

I consent to the collection, disclosure and use of my personal information for the above mentioned purposes. I understand that the Fort Saskatchewan Emergency Assistance Fund representative provides appropriate safeguards to protect the confidentiality of my personal information.

Client Signature

Witness

Date



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Fort Saskatchewan Alliance Church, First United Church,
Community Baptist Church