Chandler Unified School District Crisis Fund

Request for Financial Assistance

Complete this Form and Return to:

Veronica King

CHECK ONE:

- ○ Student Crisis Fund
- ◉ Employee Crisis Fund

Employee Requesting Funds on Another's Behalf *(Skip to Next Section if Intended Recipient is Yourself)*

First Name: _____ **Last Name:** _____

Phone Number: _____

School or Department _____ **Position:** _____

Date Submitted: _____

If applying on behalf of Student/Family: _____

◉ I will contact parent/guardian with outcome ○ I would like committee to contact parent/guardian with outcome

Confidential Information about the Intended Recipient

Student/Employee Name: _____

Student/Employee D.O.B.: _____

School or Department: _____

Student Grade or Employee's Position: _____

Parent/Guardian(s) Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Last Revised: 2/23/2024

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Composition of Household

Last Name	First Name	Age	Relation to Student or Employee

Amount of Money Requested

Amount Requested:

***Please ensure that copies of supporting documentation (i.e. bills) are attached to the application.* Reason for Request of Funds (Explain in Detail):**

Have any other funding sources been pursued? (i.e. GoFundMe or Church Donation)

(●) No ( ) Yes

If yes, please explain including the amount raised:

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Family & Medical Information

Is parent/guardian employed? ◯ Yes ◯ No

If yes, what is their Employer Name/Occupation:

Standard Monthly Expenses Total (Rent/Mortgage, Utilities, Car, etc.)

Are you on AHCCCS? ◯ Yes ◯ No

Do you currently have health insurance? ◯ Yes ◯ No

Current Primary Insurance: ◯ PPO ◯ HSA

HSA Balance:

Current Deductible:

Secondary Insurance:

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I have examined this application and agree that the information is true and correct to the best of my knowledge. I am aware that the information contained in this application is subject to verification. I understand all statements in this application are made for the purpose of obtaining aid from the crisis fund and that failure to provide requested documentation, or any falsified information, may result in denial of this petition. I agree that this application shall remain the property of Chandler Education Foundation. Information provided will be reviewed by Chandler Unified School District Crisis Committee for determination of funding request.

Applicant Name: Click here to enter text.

Signature: _____ **Date:** _____

If applying on someone's behalf,

Counselor, Social Worker, or Administrator Name: Click here to enter text.

Signature: _____ **Date:** _____

For CUSD Crisis Fund Committee Only

☐ Approved

☐ Not Approved

Signature: _____ **Date:** _____

Last Revised: 2-23-2024