



Application for 911 Funds

Please fill out the attached application as thoroughly as possible

911 Funds guidelines:

Funds for pregnant or parenting Teens

- Any referring agency must be a member of APC and involved with the APC through quarterly meeting attendance or committee involvement.
- There is a maximum of \$250.00 per applicant in a calendar year.
- Referring professional should have exhausted all other resources before making 911 request.
- Funds may be used for any emergency need. Examples: rental / down payment assistance, utilities, medical, dental, etc. (This is by no means an inclusive list)
- Checks will be made out to appropriate service provider or business, and will not be made out to applicant.

Please complete application and contact a current APC Board member for signature.

APC Contact Information:

APC cell phone number - 920-434-9520 or via email to Jean Herman at jmherman@gbaps.org

Application for 911 Funds

Referring Agency: _____

Contact Name: _____ phone _____

Applicant's Name: _____

Address: _____

Phone: _____ DOB: _____

Applicant Information:

- 1. Have you ever applied for 911 funds before? Y N
- 2. If yes, did you receive assistance for what purpose and amount?

3. What community agencies are you currently working with? (Please circle)

PCC HOH Marion House Healthy Families Health Department

Birth to 3 Early Head Start Positive Parenting Program TAPP

Catholic Charities Teen Parent Program

Other: _____

4. How much are you requesting from the APC? What is the total amount needed?

5. What do you need the money for and why?

6. When is the money needed?

7. What other agencies have you contacted for assistance?

Job Center Oneida Tribe St Vincent de Paul The Salvation Army Catholic Charities

ICS WPS Brown County Human Services Forward Services Corporation

Others:

If Application is approved, Please provide name, address and phone number where you will receive services.

***OFFICE USE ONLY**

Amount requested _____ Amount Approved _____

APC Member Signature (Requester of funds) _____ Date _____

APB Board Member Signature _____ Date _____