



The **Maple Ridge Community Chest** program is intended to provide one-time assistance to individuals or families in our community who are experiencing an unexpected situation of need.

The Maple Ridge Community Foundation invites you to complete this application form, including the eligibility checklist and all supporting documents, and submit it by fax or email to the program's host agency—Maple Ridge/Pitt Meadows Community Services—as well as to the Maple Ridge Community Foundation.

Please ensure that the application form is signed by both the applicant and the contact person from the referring agency before submission.

Applications will be reviewed based on availability of funds.

**Submission Options:**

Fax: 604-463-2988

Email:

*tcamire@mrpmcs.ca, krogge@comservice.bc.ca*

*nevison.conres@gmail.com*



Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

How many adults reside in your home? \_\_\_\_\_

How many children reside in your home? \_\_\_\_\_ Age(s) of child(ren) in home: \_\_\_\_\_

Previous applicant? ☐ Yes ☐ No

If **YES**, when was the application and how much was approved:

\_\_\_\_\_

### 1. Permission to Share Story

In consideration of any assistance provided through the Maple Ridge Community Foundation Community Chest, I, the applicant, grant irrevocable permission for the Maple Ridge Community Foundation and Maple Ridge/Pitt Meadows Community Services to use my story for promotional and community awareness purposes. All identifying information, including my name and contact details, will be removed prior to publication or sharing.

**YES**, Applicant's Initials: \_\_\_\_\_

### 2. Release of Liability

In consideration of any assistance provided through the Maple Ridge Community Foundation Community Chest, I, the applicant, agree to hold harmless and release the Maple Ridge Community Foundation, Maple Ridge/Pitt Meadows Community Services, and their respective directors, officers, employees, agents, and partner organizations from any and all demands, claims, liabilities, suits, or actions of any kind.

Under no circumstances shall the Maple Ridge Community Foundation, Maple Ridge/Pitt Meadows Community Services or its affiliates be liable to any person or entity for any expenses, costs, damages, losses, injuries, or death of any kind arising in any way from the assistance (financial, material, or services) provided through this application.

**YES**, Applicant's Initials: \_\_\_\_\_

### 3. Confirmation of Other Funding Sources

I confirm that I have explored and approached all other potential sources of support, including family members, government programs, ministries, and other organizations, prior to applying for assistance from the Maple Ridge Community Foundation Community Chest through Maple Ridge/Pitt Meadows Community Services.

**YES**, Applicant's Initials: \_\_\_\_\_

### Reason for Request

Please provide a brief explanation of your current situation and the reason for your request:

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### Impact of Assistance

Please describe how this funding will make a difference in your situation:

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### Areas of Support

#### *Shelter*

- Rent: Have you applied to the Rent Bank? If so, what was their response and why?

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#### *Warmth*

- Hydro / Gas / Power assistance:

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#### *Security of Livelihood*

- Appropriate work-related attire:

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*Transportation (e.g., bus fare, car repairs):*

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*Access to tools or resources:*

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**Safety**

- House repairs related to safety:

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- Specialized or adaptive furniture:

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- Supplies or materials to ensure health (e.g., lice, bed bugs, etc.):

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- Specialized food items (e.g., for diabetes or other medical conditions):

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- Unfunded medication:

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- Dental care:

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- Vision care:

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**Other Needs**

Please specify:

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**Referring Agency Information**

- Name of Designated Referral Agent: \_\_\_\_\_
- Frontline Worker: \_\_\_\_\_ Date: \_\_\_\_\_
- Supporting Information Attached: ☐ Yes ☐ No
- Signature of Designated Referral Agent: \_\_\_\_\_

**Host Agency Information**

- Charitable Number: \_\_\_\_\_
- Host Agency Contact Person: \_\_\_\_\_
- Approval: ☐ Yes ☐ No
- Amount Approved: \$ \_\_\_\_\_ Date: \_\_\_\_\_
- Signature of Host Agency Designate: \_\_\_\_\_