



COMMUNITY FOUNDATION  
OF THE OZARKS

## Lindsay Austin Smith Community Crisis Fund

### **APPLICATION FOR FINANCIAL ASSISTANCE**

Grants will be considered to support unmet emergency needs resulting from health/medical emergencies, employment emergencies, natural disasters, fire. Preference is given to those residing in Fair Grove, Buffalo, Strafford, Pleasant Hope or northern Greene County. A maximum of up to \$2,000 will be considered for granting per individual/family.

**CFO pays to invoice only. Cash is not provided. Only applications with invoices included will be considered for this grant program.**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone : \_\_\_\_\_

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

\_\_\_\_\_

Email: \_\_\_\_\_

Children at home and ages: \_\_\_\_\_

\_\_\_\_\_

Other dependents: \_\_\_\_\_

**AMOUNT REQUESTED: \$** \_\_\_\_\_

**NOTE:** To be considered for approval, any home-related requests MUST include at least two (2) qualified bids.

**Specifically** describe the way in which requested funds will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe emergency situation that qualifies for a grant:

\*If medical emergency, please list diagnosis and complete health coverage info.

Health Coverage: \_\_\_\_\_ NO \_\_\_\_\_ YES If yes, circle type: Personal Policy , Through Employer, Medicare, Medicaid

Please list other agencies from which you are currently receiving funds:

What kinds of services are being provided?

Employer (if applicable): \_\_\_\_\_

	<u>Monthly Income</u>	<u>Monthly Expenses</u>
Employment:	\$ _____	Rent/Mortgage: \$ _____
Retirement:	\$ _____	Utilities: \$ _____
<u>Other Income:</u>		Food: \$ _____
Alimony:	\$ _____	Insurance Health \$ _____
Child Support:	\$ _____	Insurance Home \$ _____
Investments:	\$ _____	Insurance Car \$ _____
Workman's Comp	\$ _____	Medical \$ _____
Unemployment	\$ _____	Auto Payment \$ _____
Disability	\$ _____	Credit Card Debt \$ _____
Other	\$ _____	Other expenses: _____
		_____
		_____
		_____

By signing this form you agree that the Community Foundation of the Ozarks can receive information verifying your circumstances. I hereby certify that the above information is true and correct. All information is considered confidential and will be used for eligibility determination only. You may be asked to discuss benefits of assistance and will be required to provide invoices and/or bills for payment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Please return completed application to:**

Zach Clapper at [zclapper@cfozarks.org](mailto:zclapper@cfozarks.org) or fax to 417.864.8344

Please call Zach @ 417.864.6199 for questions.