



PO BOX 105, Stony Point, NY 10980
unitedwomenofrocklandinc@gmail.com
(201) 264-1818

Name: _____

Address: _____

Phone: _____ **Email:** _____

Date of Birth: _____

Employed By: _____

Last Day of Employment: _____

Insurance Coverage: Yes _____ No _____

Estimated Monthly Medical Expenses: _____

Monthly Mortgage \$ _____ **Missed Payments** Yes _____ No _____

Monthly Rent \$ _____ **Missed Payments** Yes _____ No _____

Monthly Utilities \$ _____ **Missed Payments** Yes _____ No _____

Provide additional information you feel is important:

Do you receive any assistance from Family:

Mission and Goals

The mission of United Women of Rockland (UWoR) is to assist women and their families make ends meet while they are recovering from or receiving treatment for major injury or illness.

This application agreement is for consideration of you and your family for sponsorship for assistance. The selection process entails three steps:

1. Initial screening by at least two volunteers.
2. Validation of facts and evaluation of needs.
3. Final evaluation and selection by the Board of Directors.

If selected, you will work with the UWoR Board to establish what level of financial support and services are needed (Agreement).

The funds distributed will be used to cover medical (out of pocket co-payments or fees not covered by insurance, insurance premiums, medical and surgical equipment or devices, and medications) and household (mortgage, rent, utilities, and car payments) expenses incurred during your illness. The funds will not be used for entertainment (movies, performances, theme park access, gambling, restaurants, and vacations) and other expenses that are not requirements for the general health and well-being of you and your family (non-essential clothing, household items, sundries, and non-illness related travel). Payment will be made within 30 days of receiving a bill for expenses.

The UWoR Board will also work with you to identify at least three liaisons for you and your family to help provide support and coordination of services. This type of collaboration is required for successfully providing services since our organizations does not know your friends and family personally, nor you or your families schedule. These liaisons will assist us in setting up what types of services are needed and the timing and delivery of services. We understand that you may be hesitant to ask for help or want to have others know about your circumstances, but please let others help you and your family in this time of need.

Agreement

By signing this document, I am consenting to receiving funds and services from UWoR. I understand that UWoR will make every effort to provide all of the services possible within resources available and the financial assistance goal established at the time of this contract. UWoR understands that there may be so much more that you and your family need at this time and cannot promise to provide everything needed. UWoR only asks that once you and your family has healed, that you speak kindly of our cause and spread the word for others that may be able to use our services.

The financial level of need is: \$ _____

Estimated Dates of Services: From _____ To _____

I also understand the importance of the support of my friends and family. I am therefore submitting the names and contact information for the following individuals to assist in the coordination of services:

Name	Phone	Email
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

Disclosure Statement

For the purposes of establishing and maintaining this agreement, the foregoing statement and information contained on this application, both written and printed, are full, true and correct statements, of my financial conditions on the date stated. The undersigned agrees to notify United Women of Rockland immediately in writing of any material change in financial conditions. The undersigned authorized UWoR to make inquiry into, to request, and to receive any information concerning character, general reputation, and personal characteristics, financial and credit information from creditors, banks or credit unions, which UWoR deems relevant for the granting of funds raised on your behalf. The undersigned

authorizes any creditor, bank or credit union to divulge such information. The undersigned understands that UWor will be relying on the accuracy in all matters set forth in this application and all information determining whether to accept your cause.

The undersigned agrees to submit to UWor copies of acceptable medical or household bills in order to withdraw funds from your grant account. You will be able to withdraw all of the funds up to the total agreed upon if you are able to provide proper documentation of expenses. The undersigned agrees to the terms set forth in this document that defines which expenses are acceptable or not.

The undersigned agrees to help their support services by providing the names of friends or family who can act as liaisons and volunteers to help your cause.

The undersigned also agrees to notify UWor of any fundraising activities on their own or with other organizations during the dates set forth in this agreement.

Signed: _____

Date: _____

Printed Name: _____

United Women of Rockland, Inc. does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include but are not limited to, hiring and firing, selection of volunteers or vendors, and provision of services. It also includes the individuals and their families who are sponsored by our organization. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, partners, sponsors, subcontractors, and vendors.

Signed: _____

Date: _____

Christine Silverstein, Executive Director, United Women of Rockland

