



Spring '21 Family COVID Relief Fund

Application Instructions

Deadline June 10, 2021

Awards are based on needs caused by COVID-19 crisis, are first come/first served, and availability of funds.

All information is confidential.

Call 508-240-3310 for assistance with translation or completing the application.

Llame al 508-240-3310 si requiere asistencia con traducción o complete la aplicación.



Administered by Cape Cod Children's Place funded by The Cape Cod Foundation Strategic Emergency Response Fund made possible by the Massachusetts Executive Office of Housing and Economic Development's Community Foundations Grant Program for COVID-19 Relief.

Applicants must choose ONE of the following three categories:

- 1.) Grocery Cards for support with food;
- 2.) Early Education and Care Tuition Scholarships for licensed providers; *or*
- 3.) Free Individual Family/Child Consultation to provide supports to handle stress related behaviors.

Eligibility:

- Barnstable County Resident
- Impacted by COVID-19 Crisis
- Head of household income is less than 80% MA state median income

Instructions:

Complete application indicating the type of support requested and return by June 10, 2021.

CCCP will review the application and contact your **primary phone number** with your status.

Spring '21 Family COVID Relief Fund
Application
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Date: _____
Name of applicant (*head of household*): _____
Contact mailing address: _____
Residential Address Street: _____
Town/Zip Code (*Required*): _____
Email : _____
Primary contact phone number (*Required*): _____

Total annual household income (*Required*): _____
(*Documentation of 4 weeks/1 month paystubs may be requested.*)

- Circle the number of persons in your household
- Circle your total household income in the last twelve (12) months that is equal to or less than the amount indicated below.

	Household Size							
	1 person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
50% AMI Minimum Income	\$33,850	\$38,650	\$43,500	\$48,300	\$52,200	\$56,050	\$59,900	\$63,800
80% AMI Maximum Income	\$54,150	\$61,850	\$69,600	\$77,300	\$83,500	\$89,700	\$95,900	\$102,050

Number of adults in home: _____
Number of adults over the age of 65: _____
Children in the household: (first name and age): _____

Head of household information (*important, but not required*)

Name: _____
Age: _____
Gender: _____

Circle Race:

American Indian /Alaska Native•Asian•Native Hawaiian/Other Pacific Islander•White•Multiracial•Other

Circle Ethnicity:

White-Hispanic/Latino•White-Not Hispanic/Latino•Black-Hispanic/Latino•Black-Not Hispanic/Latino•Other

Primary language spoken at home: _____

How did you hear about this? _____

Signature: _____ Date: _____

Select ONE of the following options and fill out the information for that section:

1.) Grocery Cards for support with food

or

2.) Early Education and Care Tuition Scholarships for or use at a licensed provider

Name of licensed early education and care program/provider for *direct* payment:

Address & phone of location where early education and care will take place:

Total monthly early education and care expenses _____ for how many children? ____

or

3.) Free Individual Family/Child Consultation to provide supports to handle stress related behaviors. By checking this box, you will be contacted by our pediatric occupational therapist at your primary phone to schedule a free family consultation. All information is confidential.

Please explain the impact the COVID-19 public health crises has had on your family.

Is there anything else you would like the committee to know about your situation:

You are encouraged to provide as much supporting information as possible including specific information about how you have been impacted by COVID-19.

Submit completed application before June 10, 2021 to:

Cape Cod Children's Place, PO Box 1935, N. Eastham, MA 02651 (tel: 508-240-3310)