



995 Worthington Street, Springfield, MA 01109
Telephone (413) 734-5376 FAX (413) 737-7949

CONTINGENCY FUND REQUEST FORM

Purpose of funds: Contingency funds are to be used for housing related needs (rents, security deposits, basic furniture and supplies) and/or medical related needs (medications, medical supplies) for individuals who have no other resource by which to obtain these necessities. Whenever possible, CHD requests that providers structure these subsidies as loans to be paid back in part or in full if/when the participant receives entitlements that will make such reimbursement possible.

Instructions for requesting funds: Please complete the Contingency Fund Request Form. Checks will be made payable to the Agency (e.g. MHA, Gandara, etc.) or CHD Program -- not an individual -- so when identifying the date by which you need the check, please take this into account. **CHD cuts checks on Thursday for Friday. Requests should/must be made by Tuesday at 5:00P.M.** If there is an emergency need for the check please call Sandra Jacobs (413-439-2250) or Jeff Pringle (413-439-2248) to make arrangements. **The receipts for expenditure must be forwarded to CHD.**

Provider Agency

Provider Contact Name

Provider Contact Phone Number

Provider Contact Email

Date of Request

Date by which funds must be received

How will you obtain the check? (check one)

Please send it to _____ name
_____ address

Please call the number above when it is ready

Name of participant for whom funds are needed

Reason for the request

Is all or part of the request to be treated as a loan? If so, what is the projected amount and frequency of reimbursement?

Projected itemized list of items and costs for which the funds will be used.

Total amount requested.