



One-of-a-kind services
for one-of-a-kind people.

Committee of Last Resort (CLR) Application

(Please refer to "Application Guidelines" for all program guidelines.)

This form should be completed in its entirety, incomplete forms will be returned to submitter.

SECTION 1

Applicant Name: _____ Date of Request: _____

Submitter Name (if different from applicant): _____

Applicant/Submitter Phone Number: _____

Applicant/Submitter Email Address: _____

SECTION 2

Please check here if this is an emergency request and provide detailed explanation of circumstances (please see program guidelines for "emergency" situations that will be considered):

SECTION 3

Amount being requested: \$_____ Please provide details of request including cost, severity of need, and how this item will benefit the person in your description. Please attach picture of item(s) and/or any invoice or receipt(s): _____

What efforts have been made to meet this request? (Refer to program guidelines for suggested resources. Please note that CLR must be the funding source of LAST RESORT therefore if suggested/available resources have not been exhausted, request may be denied until other sources are attempted. Please attach denials or other documentation detailing attempts made to secure funding): _____

If FRP (see guidelines) funds have been exhausted for the year, please describe what the funds were used for: _____



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Please provide details regarding household demographics and financial circumstances, i.e. how many live in the household, income, debts or recurring bills, other family circumstances that contribute to hardship: _____

Is the head-of-household a single parent? Yes No If yes, please circle one: single mother single father

Has this person received funding from the Committee of Last Resort in the last twelve months? Yes No If so, when and for what _____

SECTION 4

*By Signing below, I take full responsibility for the authenticity and accuracy of the information provided in this application:

Submitter Signature _____ Date _____

All CLR applications (with all additional documentation) should be emailed IN A HIPAA COMPLIANT MANNER to: committeeoflastresort@aspirewny.org

If email is not accessible to submitter, application can be:

- FAXED TO (716) 831-1145 with subject, "ATTN: COMMITTEE OF LAST RESORT"
- SENT VIA POSTAL MAIL to: ATTN- Committee of Last Resort/Agency Outreach & Central Intake 7 Community Dr., Cheektowaga NY 14225 OR 140 Mall Blvd., Lakewood NY 14750

*In addition, all questions regarding any aspect of Committee of Last Resort should be addressed to committeeoflastresort@aspirewny.org

FOR COMMITTEE USE ONLY:

APPROVED DATE APPROVED: _____ AMOUNT APPROVED: \$ _____

NOT APPROVED

ADDITIONAL RESOURCES AVAILABLE: _____

OTHER, PLEASE EXPLAIN: _____

COORDINATOR SIGNATURE: _____ DATE: _____