

# APPLICATION TO SHIELDS FUND

(to be completed by case manager)

Name of Individual: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ No. of Adults: \_\_\_\_\_ No. of Children: \_\_\_\_\_, Ages: \_\_\_\_\_

Income: Employment \_\_\_\_\_ Disability \_\_\_\_\_ TANF \_\_\_\_\_ Total: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Specific Request (include account numbers, attach estimates, etc.):

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Case narrative (information to clarify family situation/need, attach extra pages as needed):

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Other Organizations (approached for assistance and amount pledged/received):

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Total amount needed: \_\_\_\_\_

Make check payable to:

Other Resource contributions: \_\_\_\_\_

\_\_\_\_\_

Applicant/family contribution(s). \_\_\_\_\_

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

Balance needed: \_\_\_\_\_

\_\_\_\_\_

Amount needed from Shields: \_\_\_\_\_

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

Invoice Attached.

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Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Case Manager Signature: \_\_\_\_\_

SF Email: [jeanne@camdenucc.org](mailto:jeanne@camdenucc.org) • US Mail: Shields Fund, 55 Elm St., Camden, ME 04843 • SF FAX: 207-236-4822

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

**Monthly Household Income:**

	Applicant		Others in Household	
Wages/Salary:	_____		_____	
SSI/SSD:	_____		_____	
TANF:	_____		_____	
Pension:	_____		_____	
Food Stamps:	_____		_____	
Other:	_____		_____	
<b>TOTAL:</b>	_____	+	_____	= _____

**Monthly Household Expenses:**

Housing (rent/shelter)	_____	
Electricity:	_____	
Heat:	_____	Penquis application: ____ yes, ____ no
Water/Sewer:	_____	
Food:	_____	
Phone:	_____	
Internet/Cable:	_____	
Car payment/lease:	_____	
Car insurance:	_____	
Gas:	_____	
Medications:	_____	
Other:	_____	Specify: _____
Other:	_____	Specify: _____
<b>TOTAL:</b>	_____	

**Case Manager Signature:** \_\_\_\_\_