



Madison Social Services COVID-19 IMPACT Program

MYFS has been a grateful to the Neighbor 2 Neighbor Foundation and Guilford Savings Bank for funding our COVID IMPACT Program. Since April of 2020 we have distributed through this program tens of thousands of dollars in direct cash assistance to Madison residents impacted directly by the pandemic. As we are now reaching the end of our projected funding, we need to make the following changes effective immediately:

- Approved recipients may still reapply after 30 days from the date of their previous application, however a single eligible household may be granted assistance for up to **a total of three times**. Applicants who have received IMPACT assistance three times or more as of **February 12, 2021 are no longer eligible** for this program. Madison residents may contact Madison Social Services to inquire about other programs or assistance for which they may be eligible.
- First-time applicants are required to show proof of residency as a part of the initial application. Acceptable forms of proof include a copy or scan of a postmarked letter from a utility company or official business to the applicant at their residence as listed in the application. If we receive an application without an acceptable form of proof, will need to request that as a requirement for processing.

To be eligible applicants must be a resident of Madison, Connecticut, have been impacted by the COVID pandemic in some way, and apply as a head of a household. Applicants who have received a COVID IMPACT payment can reapply for the program 30 days from the submission of their last application, and if found eligible may be granted the assistance again. Eligibility to reapply is limited to a total of three approved applications per household. Eligible and approved recipients may receive a single payment according to the following:

Household Member: One (1) - \$300	Household Members: Two (2) - \$400	Household Members: Three and above - \$500
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Applications must be completed in full and legible and returned with proof of address. Applications may be submitted via scan/email. If you are unable to complete the application via email please call our staff that will be able to assist you. Staff will also be available to answer questions and provide guidance over email and/or via phone. All applications will be processed as they are received and all applicants will be notified as to the program determination within one to three weeks of receipt of their application.

Completed applications should be scanned electronically and emailed to madisonwillrise@madisonct.org with “COVID IMPACT Program” in the subject line of the email. Applicants are strongly encouraged to utilize this method if possible, and may call our office to discuss any questions about the application itself and/or submission alternatives.

Applications may also be faxed to (203) 245-5648 to the attention of “COVID IMPACT Program.” Applicants are discouraged from mailing given the potential time lag, however if an application is received via mail it will be processed and time-stamped as of the date of receipt. Arrangements can also be made over the phone to drop off the applications if necessary.

**Madison Youth and Family Services
10 School St
Madison CT 06443**

If you have any questions, please call our office at 203-245-5645.

COVID-19 IMPACT Application

Please write legibly. Thank you.

Date of Application: _____ **Name (Head of Household):** _____

Address: _____

Phone: _____ **Email Address:** _____

Total number of household members: _____ **Members age 17 or younger** _____ **(Optional)**

In your own words, please tell us briefly how you/your family have been financially impacted by COVID-19 (i.e. loss of wages due to lay off, care for family/children, illness) : _____

In your own words, please tell us briefly how you/your family would utilize any assistance if granted through this program: _____

By signing this form I am attesting to the information being provided by me as the applicant as true and accurate. I understand that by submitting this application it does not guarantee that if deemed eligible I will receive the assistance. Applications will be processed in order that they are received, and assistance will be granted to those eligible as long as there are funds available. I understand that any assistance granted would be a single payment to the named applicant.

Applicant Signature _____ **Date** _____

Our Social Services Department will be in contact with you for additional information if needed to determine eligibility.