

Family Resilience Fund Referral Form

Eligibility for this fund: Families with children age 0-26 living in the household where a primary caregiver (eg parent/legal guardian/foster parent) is deceased due to Covid or a Covid related illness resulting in financial hardship for the family. Families must be referred by a treating clinician. Please note that completion of this referral does not ensure the applicant's eligibility and that further assessment by a program staff member is required prior to acceptance.

Referring on behalf of:

Name of deceased breadwinner/caregiver: _____

Age of Deceased: _____

Last Hospitalized at: _____

Place of death: _____

Demographics

Name of household contact: _____

Household Contact Preferred Language: _____

Current Legal Guardian of minor children: _____

Address: _____

Phone: _____ Email: _____

Household Composition

Number of adults in household (above age 27): _____

Number of Children (26 and under) in household: _____

Additional Comments:

OFFICE USE ONLY

Referrer Information (MD, DO, PA, Psy.D, NP, LMSW)

Name: _____ Title: _____

Phone: _____ Referring site: _____

NYS License #: _____ Email address: _____

Signature of referrer: _____ Date of referral: _____

My signature above affirms that this family is known to me and the information I have given is correct.

All referrals should be submitted via email to Familyresiliencefund@montefiore.org or fax to 718-328-9356