

Please list specific financial assistance below and how much money is needed (food, clothing, mortgage, utilities, medical expenses, etc.)

Monthly Family Income: _____

Monthly Family Expenses:

Rent/Mortgage:	_____	Cable:	_____
Electric:	_____	Car payments:	_____
Gas:	_____	Car insurance:	_____
Telephone:	_____	School loans:	_____
Cell phone:	_____	Groceries:	_____
Childcare:	_____	Other:	_____

Do you or anyone in your family currently receive any funds through government funded agencies? (Such as; public assistance, SSI, SSD etc): YES or NO

Please list any that apply, as well as how much money is received monthly through each program.

Do you have health insurance? YES or NO

If yes, is it Medicaid or private insurance? _____

Have you contacted any other agencies or government funded programs for assistance prior to reaching out to Todd's Fund? YES or NO

If yes, please explain: _____

Email and Phone Number for Todd's Fund to contact applicant:

Email: _____

Phone Number: _____

How did you hear about Todd's Fund? _____

Please know that we pride ourselves on the privacy of people who are sending in applications for assistance. We do not share any information whether we are able to give financial assistance or not.

Please mail this back to us:

Todd's Fund
P.O. Box 554
Skaneateles, NY 13152

Also know we will get back to you as soon as we can!!!!

Todd's Fund Board of Directors

"Giving Smiles and Hope to the Children of Central New York"