

**THE**

# Pillar Emergency Support Fund

The Pillar Emergency Support Fund provides direct support to the families of Pillar Care program participants. Support is provided through our annual programs that include the Thanksgiving food drive and holiday toy drive. Families may also apply for small (maximum of \$500), one-time grants to address an emergency situation.

## Who can apply?

The program is currently available to families with a loved one in Pillar Schools, our Irvington, Wayne and Orange day programs and residents of our group homes.

## What will the fund support?

The Fund will make small one-time grants to assist with critical emergency needs (e.g., prevent utilities from being turned off, unexpected car or major appliance repairs, therapy equipment or other medical expenses not covered by insurance/Medicaid, or other matters deemed essential by the grants committee).

## How do I apply?

To apply, simply complete a Pillar Emergency Support Fund Application form and submit to David Bishop by email at [dbishop@pillarnj.org](mailto:dbishop@pillarnj.org) or by mail at Pillar Care Continuum, 220 South Orange Avenue, Suite 300, Livingston, NJ 07039

## When Will I Hear Back?

All applications will be considered when they are received. We hope to reply to all applicants within two weeks of receipt of an application.



**PILLAR**  
CARE CONTINUUM

**220 South Orange Ave. Suite 300  
Livingston, NJ 07039**

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# Pillar Emergency Support Fund

## Application

## APPLICANT INFORMATION

Date \_\_\_\_\_

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

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

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

\_\_\_\_\_

City/St/Zip: \_\_\_\_\_

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

I am a service recipient and my loved one attends (program):

\_\_\_\_\_

## REQUEST

Amount Requested: \$ \_\_\_\_\_ (maximum of \$500)

Please provide an explanation of why these funds are needed and what they will be used for.

Please explain why this is an emergency situation and not an ongoing expense :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH DOCUMENTATION OF THE BILL/EXPENSE IF ANY**

Flip form

# Pillar Emergency Support Fund

## Application

## FINANCIAL ATTESTATION

I hereby certify that I currently lack the financial resources to pay for the expense for which assistance is requested. I understand that I may be asked to submit financial information/documentation to support my application.

(Initial Here)

## INFORMATION CONSENT

I will allow Pillar Care to share a summary of my story (without my name or other identifying information) in order to help educate supporters of this fund as to how their donations are utilized and to encourage others to help support the fund.

**Yes:**

☐

**NO:**

☐

I hereby certify that all of the information contained in this application is true and correct to the best of my knowledge. I understand that providing false information will disqualify me from receiving support through the Fund.

(Signature)

(Date)

(Print Your Name)

**Submit to David Bishop by email at [dbishop@pillarnj.org](mailto:dbishop@pillarnj.org) or by mail at  
Pillar Care Continuum, 220 South Orange Avenue, Suite 300, Livingston, NJ 07039**