



## 2022 APPLICATION FORM

**Danielle's Helping Hand Fund** offers prompt, one-time financial assistance to help low-income individuals and families in difficult circumstances. We provide support when no other private, community, or government services are available. If you live on a low-income and are facing an emergency expense, Danielle's Helping Hand Fund might be able to help. Please read the below information carefully and fill out this form to apply.

*Note: We do our best to process applications as quickly as possible, typically within 1-2 weeks. If you are in an emergency situation and require immediate assistance, please contact us at 604-485-2132 or [helpinghand@unitedwayofpowellriver.ca](mailto:helpinghand@unitedwayofpowellriver.ca).*

### Who can apply

You can apply for Danielle's Helping Hand Fund if you:

- Live in Powell River, Tla'amin, or qathet Regional District (Texada, Lund, south of town, etc.).
- Live on a low income.
- Have not received funding through Danielle's Helping Hand Fund before.
- Have a quote, bill, or other documentation of the expense, payable to a third party.
- **NEW** Have a social worker or community support worker familiar with your situation, who can verify your financial need and sign your application. If you're not already connected with someone who can help, please contact the Poverty Law Advocate (604-485-0950 or [povertylaw@telus.net](mailto:povertylaw@telus.net)) or Tla'amin Health (604-483-3009 or [health@tn-bc.ca](mailto:health@tn-bc.ca)), who will be happy to assist.

### How to apply

- 1) **NEW** Fill out this application with your social/support worker **OR** the Poverty Law Advocate (604-485-0950 or [povertylaw@telus.net](mailto:povertylaw@telus.net)) **OR** Tla'amin Health (604-483-3009 or [health@tn-bc.ca](mailto:health@tn-bc.ca) - must be an indigenous individual or a member of the Tla'amin Nation). Make sure you attach the bill, invoice, quote, or other official documentation of the expense.
- 2) Drop off your application at one of our two drop box locations:
  - a) Poverty Law Advocacy Office, #207-6975 Alberni St. (Above the Powell River Public Library. During office hours, use the DHHF drop-box inside the office. If the office is closed, the mail slot in the door can be used.)
  - b) **NEW** Tla'amin Health Reception, 4895 Salish Dr. (Monday to Friday 8:30am to 4:30pm)
- 3) Powell River & District United Way will confidentially assess your application and follow up if more information is needed. With your permission, we may also contact the service provider to negotiate a discounted rate or late payment.

- 4) Powell River & District United Way will email or phone you and/or your case worker when the decision is made. If your application is approved, payment will be issued directly to the service provider. If you believe your application was unfairly denied, you may submit an appeal via email to [helpinghand@unitedwayofpowellriver.ca](mailto:helpinghand@unitedwayofpowellriver.ca)

### Eligible expenses and limits

We will consider applications for almost any urgent need where no other funding is available, with a few exceptions (see chart below). Due to limited funds available, there is a maximum amount you can apply for. Requests above the maximum amount may be declined.\*

Expense Type	Max Amt.*
Dentures	\$1,200
Rent, damage deposit, or rent arrears	\$1,200
Utilities or utility arrears (heat, hydro, phone, Internet)	\$500
Dental	\$1,000
Non-insured medical / health care	\$1,000
Medical equipment or devices	\$1,000
Medical or bereavement Travel	\$1,000
Clothing or household items	\$500
Optical	\$500
Minor vehicle or home maintenance/repairs	\$1,000
Other urgent needs (Note: We cannot pay for food, property tax, alimony, or child support payments)	Up to \$1,000

\*In 2022, we have limited additional funding specifically for folks who are unhoused. As long as funds are available, we will consider funding requests above the max. amount for eligible members of this population.

### Low-Income Cut-off

You can apply for DHHF if your household income is below these limits (based on the Low Income Measure, Statistics Canada, 2018):

Household size	Annual income	Monthly income
1 person	\$27,750	\$2,313
2 people	\$39,244	\$3,270
3 people	\$48,064	\$4,005
4 people	\$55,500	\$4,625
5 people	\$62,051	\$5,171
6 people	\$67,973	\$5,664
7 people	\$73,420	\$6,118

# DANIELLE'S HELPING HAND FUND

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### Part I : Applicant Information

Date: \_\_\_\_\_

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

Address (if applicable): \_\_\_\_\_

I am currently unhoused (sleeping rough, couchsurfing, or otherwise without safe permanent housing)

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

I don't have regular phone/email access. Please communicate with my social/support worker on the referral page or leave a message for me here: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Household Size: # of adults \_\_\_\_ # of children (under 18) \_\_\_\_

Household Income: \$ \_\_\_\_\_ / year **OR** \$ \_\_\_\_\_ / month

#### Please confirm the following eligibility requirements:

- I currently live in Powell River, Tla'amin Nation, or qathet Regional District
- I have not received Danielle's Helping Hand Fund before

### Part II : Funding Need

Amount needed: \$ \_\_\_\_\_ (See the maximum amounts on the previous page.)

If the full amount isn't available, would partial payment help? \_\_\_\_\_

Cheque to be made payable to: \_\_\_\_\_

*(We cannot pay applicants directly. Please write the name of the utility company, service provider, landlord, store, etc.)*

Cheque to be mailed/delivered to: \_\_\_\_\_

Account # (if applicable): \_\_\_\_\_

- Yes, I have attached an official document for the expense (e.g. invoice, quote, bill, lease, etc.)
- Yes, United Way may contact the service provider to negotiate and/or make payment on my behalf
- Yes, United Way may communicate about my application with the referral agency named on Page 4

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part III: Agency Referral - TO BE COMPLETED BY SOCIAL SERVICE AGENCY**

**IMPORTANT:** This section is to be completed by a social worker, community support worker, or similar employee of a recognized social service agency (registered nonprofit, school, health authority, provincial ministry, etc.). If you don't have someone to help with this section, please contact the Poverty Law Advocate or, if you are a member of the Tla'amin nation, Tla'amin Health – who will be happy to help with your application.

- Poverty Law Advocate: 604-485-0950 or [povertylaw@telus.net](mailto:povertylaw@telus.net)
- Tla'amin Health: 604-483-3009 or [health@tn-bc.ca](mailto:health@tn-bc.ca)

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

Title: \_\_\_\_\_

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

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

*By signing below, I confirm that the following:*

- My client currently lives in Powell River, Tla'amin, or qathet Regional District.
- My client is low-income and does not have savings or cashable assets that can be used.
- These funds will help meet an urgent need for my client who is vulnerable and facing difficult circumstances.
- I have tried to find other private, government or community resources to support my client's situation and found none that they could reasonably access at this time.

Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Comments (Optional) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Client or Professional Feedback?** We want Danielle's Helping Hand Fund to serve people in our community with dignity, respect, transparency, and ease. Please don't hesitate to contact us at 604-485-2132 or [helpinghand@unitedwayofpowellriver.ca](mailto:helpinghand@unitedwayofpowellriver.ca) if you have any questions or suggestions to improve our services.