



Catholic Social Service Bureau

1310 West Main Street • Lexington, Kentucky 40508-2048

Catholic Social Service Bureau Receives Money to Assist with Disaster Recovery

Catholic Social Service Bureau has received \$10,000 in disaster relief funds from *Catholic Charities USA* to assist Eastern Kentucky families whose homes were damaged by flooding which occurred May 3 - May 10, 2009.

The funds for flood recovery will be managed out of the Prestonsburg Outreach Office, and will primarily be used to purchase building materials and/or essential appliances for families struggling to repair their homes. In order to qualify for flood recovery funds households must be considered low-income (\$33,850 for a family of four). Eligible families may receive up to \$500.

Anyone eligible for FEMA assistance will be expected to apply for it. (FEMA assistance in previous floods exceeded \$5000 per household and averaged \$23,000 for those who were living in rented homes). FEMA assistance will not disqualify applicants from receiving CSSB assistance. Those not eligible for FEMA assistance may still qualify for CSSB assistance.

Applications for assistance will be available at www.cssblexington.org after June 1. Applications should be submitted to:

**Gwen Hall, MSW, LCSW
Catholic Social Service Bureau
60 Martha's Vineyard
Prestonsburg, KY 41653**

Questions should be directed to Gwen Hall at (606) 874-9170 or via email at ghall@cdlex.org

PLEASE PRINT OUT, COMPLETE AND FAX TO 606-874-9170



Catholic Charities USA Emergency Funding Assistance

Administered by Catholic Social Service Bureau for Disaster Recovery
flooding that occurred May 3, 2009 - May 10, 2009

APPLICATION FOR SERVICES

Check all that apply:

I have applied for help through FEMA.

My FEMA ID # is _____.

I have received individual assistance from FEMA in the amount of
\$ _____ for rent, \$ _____ home repair, \$ _____ for
personal property, and \$ _____ for _____ (specify).

I have submitted an application for a loan from SBA.

I have not submitted an application for a loan from SBA.

Reason: _____

I have received a loan from SBA for \$ _____. My monthly
payment is \$ _____ for _____ years.

I have refused a loan from SBA because _____
_____.

I have signed a release of information that allows CSSB to get a copy of my
FEMA records and therefore avoid duplication of paperwork and effort. (If
no or not sure, please understand that your signature on the other side will
allow exchange of pertinent information to prevent duplication of services.)

I understand that applying for help does not guarantee it. I understand
that funding is limited and that priority will be given to the elderly and
disabled. I also understand that to be eligible, I must have gone through the
FEMA application process and that total household income must be
considered low income for Eastern KY. [\$23,700 (1person) \$27,100 (2 per)
\$30,450 (3 per) \$33,850 (4 per) \$36,550 (5 per) \$39,250 (6per) \$41,950 (7 per)
\$44,700 (8 per)]

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Application for Services - page 2

First and Last Names, MI	Relationship	Age	Annual Income	Disability
	Head of Household			

911 Address: _____

Mailing Address: _____ **County:** _____

Phone number(s) where you can be contacted: _____

Directions to and description of the home: _____

How can Catholic Social Service Bureau best help you?

___ **Power washer and/or sump pump (circle)**

___ **Building supplies (specify)** _____

___ **Appliance (specify)** _____

___ **Referral to other helping agencies (specify kind of help, eg. counseling, food, clothing, etc.)** _____

Reason need is unmet: _____

I certify that the above information is true and correct. I agree to provide verification of income and FEMA/flood insurance awards. I consent to the release of any pertinent information to and from social service agencies, churches or businesses as necessary to complete services to my household, to provide statistics on emergency assistance, or to guard against duplication of assistance.

Signature of Head of Household

Signature of Spouse

**Signature of CSSB worker
or referring worker**

Organization

Date