



OFFICE OF THE BOARD OF SELECTMEN

Veronica Kell, *Chairman*
Chaz Sexton-Diranian, *Vice Chairman*
Theresa A. Morse, *Clerk*

R. Eric Slagle, Town Administrator

POLICY #: 05-2023
REPLACE POLICY #: 2014-01

TOWNSEND EMERGENCY ASSISTANCE FUNDS POLICY

Purpose: The Town holds several trust funds the proceeds of which are to aid the Town's needy. Residents facing financial hardship may apply to the Town for assistance from such emergency assistance funds (formerly termed "worthy" funds). Requests for assistance shall be administered in accordance with the Administration Process outlined here.

Administration Process:

1. Applicants are referred to the Emergency Assistance program by the Community Services Coordinator or other public entity.
2. The Community Services Coordinator, or an assignee by the Community Services Coordinator from the Abram S French Committee, will conduct an application interview with the resident.
 - a. This should be completed either in person with the applicant, or over the phone. Those conducting the Assistance Funds Interview should complete the form during the interview.
 - b. During the interview, as much information as possible is collected to help build the narrative for the applicant's needs.
 - c. The completed interview sheet is submitted to the Community Services Coordinator.
3. Applicants will receive a hard copy of the Emergency Assistance Funding Request form following the application interview.
 - a. Applicants need to provide all the information listed on the request.
 - b. All materials should be submitted to the Community Services Coordinator.
 - c. The Community Services Coordinator will create a file for the applicant including all materials.
4. After the applicant file has been completed an Emergency Assistance program meeting will be coordinated by the Community Services Coordinator and the applicant request will be reviewed, discussed, and put to a vote. This meeting must include...
 - a. One member of the Board of Selectmen
 - b. One member of the Abram S. French Fund Committee



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- c. The Town Administrator or a Designee (the Community Services Coordinator).
 - d. If this committee approves the request by majority vote in full or in part, it shall identify the fund from which the disbursement will be made, and it shall cause a warrant to be processed for payment.
5. The Community Services Coordinator will complete the warrant and submit it to the Accountant's office.
- a. The Town Accountant will need in the warrant an original copy of the bill to be paid out for the applicant.
 - b. The Community Services Coordinator will receive a copy of the bill and sign the warrant to complete the submission process.
6. Once the warrant has been processed, the Community Services Coordinator will perform a follow-up with the applicant.

Approved Date:

Veronica Kell, Chairman

Chaz Sexton-Diranian, Vice-Chairman

Theresa Morse, Clerk

First Reading: 06/21/2022
Second Reading: 07/05/2022
Adopted: 07/05/2022



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ATTACHMENT 2

EMERGENCY FUNDS FUNDING REQUESTS

Townsend has a history of helping those in need. Through the generous donations of former residents of Townsend, the Town has several funds that can be used to assist residents in need. Assistance can be requested for utility bills, repairs necessary for the health and safety of inhabitants, medical expenses, and rent/mortgage. Donations are intended to be one time only and recipients should not plan to receive assistance more than once.

Requests for funding are considered by a review team. One of the team members will contact individuals requesting assistance. Payment will be sent directly to the person or business owed.

Residents interested in applying for funding through one of the Town's emergency funds should submit the following:

1. **A letter explaining the issue, problem, or need. Please provide as much information as possible to substantiate the need;**
2. **Copy of the bill you want paid or estimate of the cost of repair or replacement;**
3. **Proof of household income;**
4. **Proof of medical coverage (for requests related to medical assistance);**
5. **Information on other assistance you receive;**
6. **Information on other grants or donations you are applying for or have received for this request;**
7. **Proof of residency, such as a copy of a bill that includes your name and address. Bills or other mail addressed to a Post Office box are not acceptable;**
8. **Any other information that would assist the Town in considering your application.**

Information should be sent to:

Emergency Funds
c/o Board of Selectmen
272 Main Street
Townsend, MA 01469

You will be contacted for more information after your request has been received.



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**TOWNSEND EMERGENCY ASSISTANCE FUNDS
APPLICATION**

TO BE COMPLETED BY APPLICANT

Name of Applicant: _____ Date: _____

Email Address: _____ Phone: _____

Residential Address: _____

Date of Birth: ____/____/____ Are you currently employed? Yes No
Organization/ Company: _____ Position Title: _____

Yearly Gross Income: _____ Housing Type: Rent Mortgage

Please provide a brief description of why you are applying for the Townsend Emergency Assistance Funds:

Are you currently receiving any other assistance? (Fuel assistance, SNAP/ EBT, EAEDC, Section 8 voucher etc.)
If so, please list the assistance you receive below:

Do you identify as having a disability? Yes No

Are you a single income household? Yes No

How many children under the age of 18 live in your household? N/A 1 2 3 4 5+

Are you interested in learning about/ applying for other governmental assistance programs? Yes No



To be completed by Townsend Representative/ Community Services Coordinator

Name of Representative completing Interview: _____

Title/ Position: _____

Was an explanation of the Townsend Emergency Assistance Funds given: Yes No

Date application was received: _____

Supporting documentation received to process application:

Date Interview was completed: _____

Total of Funds to be given: _____

Notes/ Comments:

