



Cardinal McIntyre Fund for Charity
ARCHDIOCESE OF LOS ANGELES

Helping the "Neediest of those in Need" in Santa Barbara, Ventura and Los Angeles Counties since 1951



PARISH APPLICATION FOR REIMBURSEMENT
PRIORITY 1

The Cardinal McIntyre Fund for Charity is A **ONE-TIME EMERGENCY ASSISTANCE** to families and individuals in crisis situations when other charitable services are not available.

Parish _____ **Date** _____

Contact Person _____

Address _____

City _____ **CA** **Zip** _____

Telephone _____ **Ext.** _____

Please make check payable directly to the source such as the Edison, Gas Company, DMV or landlord.
Assistance should not exceed \$1000.00 per case and \$750.00 for funeral assistance.

First - Last Name _____

Check Made Payable to _____ **Amount** \$ _____

Reason for assistance _____

Were there any previous applications on behalf of this individual/family in years past: No Yes **When:** _____

I have reviewed other resources with the individual, but none were available to help at this time.

I have included the 3 following documents to protect from fraud; they are required for reimbursement.

- Copy of Individual's ID. Copy of Parish Check Reimbursement Application

Signature of Parish Priest / Parish Life Director Please Print Name Date

Note: To protect from fraud, **NO FAX REIMBURSEMENT APPLICATION** is accepted.

Cardinal McIntyre Fund for Charity Office Use Only

Check one of the box below:

- Auto Education Funeral Medical Utility
 Documentation Food Housing/Rent Transportation Miscellaneous

Approved by: _____ **Total Amount Requested:** \$ _____ **Check No.:** _____
Date Approved: _____ **Date Issued:** _____

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