



Application for Funds - Hand Up

The mission of Hand Up is to assist with emergency funds for adults who have been released from State or Federal corrections facilities within the last twelve months. Working with the support of various community agencies and service organizations and whenever resources are available, Hand Up will meet or assist with the needs of those beginning new lives after incarceration, and who have exhausted or are not eligible for other sources of assistance (be it with housing, utilities, medical, pharmaceutical, or food). Each referral or request for help will be assessed on a case by case basis to clarify the viability of the award based on need and to reduce the occurrence of recidivism.

Requests must come through an existing agency, funds are not distributed directly the formerly incarcerated individual.

* Required

1. Email address * _____

2. Requesting Agency/Organization * _____

3. Phone number * _____

4. Case Worker/Point of Contact* _____

5. Type of Assistance Request*

Check all that apply.

- Missouri Non-Driver's License (\$18)
- MO Birth Certificate (\$15)
- Other Identity Documents
- Rental/Housing Deposit
- Utilities/Deposit
- Employment Related Supplies/Apparel
- Healthcare Related
- Other: _____

6. If other than a basic MO NDL & BC, please explain the need.

Hand Up is meant to fill gaps, not to replace or supplement existing funding opportunities. As such, we are counting on case managers and related personnel at partnering agencies to exhaust other funding options before applying with us. We have recently absorbed some of the functions formerly provided by Reentry & Resources, which has closed. You can refer to your client by their initials, but we don't need to know their names/identities.

7. Total Amount Requested * \$ _____

8. Check Made Out To: *

(Pay to the Order of) Agency Name, not individual clients'. For Identity Documents, provide the appropriate name for the state office the application and check are submitted to, for example: Missouri Department of Revenue, or CDPH Vital Records

9. Memo Line:

This could be the client's initials, or short note to keep multiple requests for one agency organized. It will be printed on the check.

10. Address to send the check to *

Organization Name | C/O or ATTN: | Street Address | City, State, Zip Code

Upon completion submit via email to handup@nationalavenuecc.com or to National Avenue Christian Church Attn: Hand Up, 1515 S. National Avenue, Springfield, MO 65804