TRI-CITIES
IMMIGRANT
COALITION

APPLICATION: TCIC IMMIGRANT EMERGENCY ASSISTANCE FUND

(Revised 9-6-2024)

The TCIC Immigrant Emergency Assistance Fund was created to address the needs immigrants residing in Benton or Franklin Counties have when an unforeseen emergency occurs in their lives. Emergency needs may include, but not limited to; severe illness, loss of a job, absence of a primary provider, an accident, insufficient resettlement funds, transportation needs etc.

To apply, a responsible individual from a community- based organization must make the referral and complete the following application.

(please type your responses to the following questions)

1. Application submittal date: **Click or tap to enter a date.**
2. Person making referral: **Click or tap here to enter text.**
   Phone: **Click or tap here to enter text.**
   Organization: **Click or tap here to enter text.**
3. Applicant's full name: **Click or tap here to enter text.**
4. Does the applicant have proper identification to cash a check? yes ☐ No☐
5. Applicant's County of Residence: (type Benton or Franklin) **Click or tap here to enter text.**
6. Applicant's current mailing address, including ZIP code, to send the check to? **Click or tap here to enter text.**
7. Applicant's phone number or email address (in case we need to reach out for additional information) **Click or tap here to enter text.**
8. Does the applicant receive benefits from other organizations or state departments?
   Yes ☐ No ☐
9. Provide a detailed paragraph explaining the circumstances that have led to the individual facing a financial hardship and how they will use the funds. (Please be as descriptive as possible and include name and ages of children in the household) **Click or tap here to enter text.**