



CAFC COVID-19 Child and Family Support Fund Application Form 2020-2021

Grant Description:

The Children's Aid Foundation of Canada (CAFC) COVID-19 Child and Family Support Fund has been created to help vulnerable children and families being served by child welfare organizations during the pandemic. This fund is being administered in Nova Scotia by the Halifax Region Children's Aid Foundation, in partnership with the Children's Aid Foundation of Canada.

Grant Eligibility:

- Must be a family being served by child welfare organizations
- Must be experiencing financial strain as a result of the COVID-19 crisis

Eligible Expenses:

Funds can support emergency needs faced by children and families during the pandemic such as:

- Food and other essentials (hygiene supplies, diapers, formula, etc.)
- Mental health concerns
- Immediate shelter needs
- Technology support for e-learning
- Other needs that if not addressed could put families and children at further risk

*Contact Monique Andrea directly if your request falls outside of the scope of eligibility. There may be funds available through other programs.

Application Process:

Please complete all parts of the application and submit to:

Monique Andrea, RSW COVID-19 Support Fund Coordinator
Halifax Region Children's Aid Foundation
1888 Brunswick Street, Suite 301
Halifax, NS B3J 3J8
T (902) 422-1316 Ext. #2
F (902) 422-4012
monique@hrcaf.org



COVID-19 Child and Family Support Fund Application Form

Family/Child Name: _____

Number of Children Served: _____

Ages of Children Served: _____

Gender (If more than one in family, please indicate number): Male Female
 Transgender Non-Binary _____

Ethnic Background: _____

Status of Child/Family:

- In the care of a Child Welfare Agency
- Served by a Child Welfare Agency, living in the Community
- Child/Family served by Outreach Organization

Amount Requested: \$ _____

Description of Request

Please provide a clear indication of how the child/family will benefit from this grant.

Agency Information

Date: _____

Organization/Agency: _____

Name of Worker: _____

Address: _____

Postal Code: _____

Phone: _____

E-mail: _____

Worker Signature: _____

Supervisor Name and Title: _____

Supervisor Signature: _____

Payee Information (If Applicable)

Name: _____

Address: _____

Postal Code: _____

Phone: _____

E-mail: _____

PLEASE NOTE: It may take up to 14 days to process your grant application. Thank you for your patience.