



The journey to mental health is a challenging road for patients and their supporting families alike. The weight of this journey should not be endured alone. Like a dragonfly's flight is light and adaptable, the mission and vision of the CJK Foundation is to alleviate the burden and offer support to those in need. The Foundation is a not for profit organization built to create positive change and hope in the darkest of times through advocating awareness, supporting patients and their families undergoing treatment and raising funds for research.

Please fill in all sections, if the requestor and beneficiary information are the same, write "same" in the name box under beneficiary. Please mail or email your request to the board of CJKF. Our mailing address is CJK Foundation P.O. Box #242 Cheshire, CT 06410 or email krissy@cjf-foundation.org . Please address to CJKF Donation Requests. Any questions can be directed to krissy@cjf-foundation.org or 203-376-3984.

All information will be kept confidential and will only be used in determining whether the foundation can honor your request. All applications are reviewed by the CJK Board. I understand that by submitting my application I consent to sharing my medical information.

Signature _____

If you are in crisis or if this is an emergency, please call 911 or 988 (Suicide and Crisis Lifeline) for immediate assistance. CJK is not a crisis response organization and this application will not receive an immediate response.

CJK disclaims any and all liability of any nature for any action, or non-action, taken as a result of the information generated by this application. We do not assume any legal obligation to follow up with applicants.

Date of Request: _____

Requestor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Phone: _____

Beneficiary Information: (If different than requestor)

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Phone: _____

If beneficiary is under 18 please check box

Tell us a little bit about yourself or the beneficiary

Has the CJKF provided any support to the beneficiary in the past?

YES NO

If yes please provide dates:

Does the beneficiary have medical insurance?

YES NO

Is the beneficiary receiving any additional financial support from other organizations, family, or friends?

YES NO

If yes, what type and from whom?

Why are you seeking assistance from CJK?

Are you actively seeking support or help in other forms? (Ex: Talk Therapy)

YES NO

If Yes, please describe the type of support and provide the provider's information (Name along with email or phone number)
This will allow CJK to contact your provider to set up payment arrangements directly to your provider.

Is your therapy court ordered? (A Yes answer does not disqualify you from receiving assistance)

YES NO

How will the donation be used? (co-pays, med refill, other)

Amount of donation requested: _____

Payable to: _____

Payee address _____

Payee phone number: _____

How did you hear about CJK? Were you referred? Can we contact who referred you?

Are your basic needs being met? Do you need assistance with food, clothing, or shelter?

Additional information or directions that CJKF may need to process your request:

Applications are reviewed by the CJK Team and overdue payments are generally not considered. Submission of an application in no way implies a commitment of funding from CJK and is not a guarantee of application acceptance for the full or partial amounts. Applications are reviewed on a rolling basis with no specific timeline guaranteed for consideration.

Internal Use Only

Date request is filed:

Approved:

Denied: