



CACDC Funds



About

The purpose of the CACDC is to provide one-time financial assistance to individuals with chronic mental health conditions. This assistance is intended to support the provider in resolving a presenting concern while providing immediate stabilization.

Application

Application can be found on Family Service Agency website.

Case managers, counselors, psychiatrists, and mental health providers may complete an application on **behalf** of their clients. Applications are reviewed by the committee bi-weekly and payments and decisions are distributed by Family Service Agency immediately following.

Funding

What This Covers:

- Household Essentials
- Clothing & Shoes
- Hygiene Supplies
- Past Due Rent
- Past Due Utilities
- Other Requests Are Accepted

What This Does NOT Cover:

- Medications
- Legal Fees
- Pets and Animals
- Other

Contact Information

CAP@fsadecalbcounty.org
www.fsadecalbcounty.org
(815) 758-8616

This program was previously housed within the DeKalb County Community Mental Health Board. CACDC is still entirely funded by DCCMHB but is now within the umbrella of Family Service Agency, specifically the Community Action Program.

Consumer Advocacy Council of DeKalb County

Request for Funds

The purpose of the CACDC is to provide one-time financial assistance to individuals with chronic mental health conditions. This assistance is intended to support the case manager, counselor, or provider resolve a presenting concern while providing immediate stabilization.

Case managers, counselors, psychiatrists, and mental health providers may complete this financial assistance application on behalf of their clients. The CACDC Advisory Committee reviews applications on the first and fifteenth of every month, and Family Service Agency distributes payments following decisions. **Submit to:** CAP@fsadecalbcounty.org.

Date of Application: _____ Provider Name: _____

Provider Agency: _____ Provider Email: _____

Client Name: _____ Client DOB: _____

Client Address (Street, City, Zip): _____

Client Phone: () _____ - _____ Client Email: _____

Has the client received funding from CACDC in the past? (circle) YES NO UNSURE

What is the request for?

- Household Essentials Past Due Rent Past Due Utilities
 Clothing Other _____

Amount Requested: _____ Other (if selected above): _____

Reason for Request/Special Considerations:

APPLICATION CONTINUED ON BACK

Consumer Advocacy Council of DeKalb County
Request for Funds (Continued)

If requesting rent (*rental assistance will be issued directly to the property manager*):

- Landlord/Property Manager Name: _____
- Mailing Address (street, city, zip): _____
- Include copy of rent ledger with request

If requesting utility assistance (*utility assistance will be issued directly to the company*):

- Utility Company: _____
- Billing Address (street, city, zip): _____
- Include copy of utility bill with request

If requesting clothing, hygiene products, or household essentials:

- List items needed here:

- If selected by the CACDC Advisory Committee, Family Service Agency will communicate with the individual/provider to purchase the requested and approved items

Internal Use Only

Date Received by Family Service Agency: _____

Client ID Number: _____

Date Reviewed by CACDC Advisory Committee: _____

Approved or Declined by Committee: _____

Director of Community Programs Signature: _____

FSA Payment Issued/Purchase Date: _____