

CARDINAL MCINTYRE FUND FOR CHARITY
ARCHDIOCESE OF LOS ANGELES
3424 WILSHIRE BOULEVARD, LOS ANGELES, CA 90010-2241
TELEPHONE: (213) 637-7479

Helping the "neediest of the needy" in Los Angeles, Santa Barbara and Ventura Counties since 1951.



PARISH APPLICATION FOR REIMBURSEMENT – PRIORITY 1 (Rev. January 2018)

The Cardinal McIntyre Fund for Charity is a ONE-TIME EMERGENCY ASSISTANCE to families and individuals in crisis situations when other charitable services are not available.

Parish _____ **Date** _____

Contact Person _____

Address _____

Telephone _____

- Please make check payable to the source, i.e., DWP, Edison, the Department of Motor Vehicles, the landlord, bank/mortgage co., motel (homeless individuals/families), etc., up to a **maximum of One Thousand Five Hundred Dollars (\$1,500.00)**.
- Regarding funeral expenses, a parish is entitled to **one or both** of the following reimbursements:
 - \$1,000.00 maximum for cemetery/mausoleum expenses at either Catholic or non-Catholic cemeteries;
 - \$1,000.00 maximum for mortuary/funeral expenses at one of the six Archdiocesan-operated mortuaries: All Souls, Long Beach; Calvary, Los Angeles; Holy Cross, Culver City; Queen of Heaven, Rowland Heights; San Fernando, Mission Hills; and Santa Clara, Oxnard.**

First and Last Name _____

Check Payable to _____ **Amount \$** _____

Reason for Assistance _____

Were there any previous applications on behalf of this individual/family in past years? ___Yes ___No **When?** _____

I have reviewed other resources with the individual, but none were available to help at this time.

To protect from fraud, I have included the following documents required for reimbursement attached to the completed and signed Parish Application for Reimbursement:

- Copy of Individual's I.D. Copy of Invoice(s) Copy of Parish Check No. _____

**Signature of Pastor/Administrator/
Parish Life Director or Designee**

Please Print Name

Date

NOTE: To protect from fraud, NO FAX REIMBURSEMENT APPLICATION IS ACCEPTED.

Cardinal McIntyre Fund for Charity Office Use – Check one of the boxes below:

<input type="checkbox"/> Auto	<input type="checkbox"/> Food	<input type="checkbox"/> Medical	<input type="checkbox"/> Miscellaneous
<input type="checkbox"/> Documentation	<input type="checkbox"/> Funeral	<input type="checkbox"/> Transportation	<input type="checkbox"/> Homeless
<input type="checkbox"/> Education	<input type="checkbox"/> Housing/Rent	<input type="checkbox"/> Utility	<input type="checkbox"/> Individual

Approved by: _____ **Date Approved:** _____ **Amount Approved:** _____