TOWN OF GOSHEN

42A NORTH STREET – GOSHEN, CT 06756
PHONE 860 491-2308 FAX 860 491-6028

Dear Resident of Goshen:

As many of you know, The Caroline T. Brooks Fund was established under the Will of Alice L. Carlisle, who was a resident of the Town of Goshen. The purpose of the Fund is "to provide proper medical attention for children under the age of 18 of said Town of Goshen who have need of such medical attention (particularly for their eyes, ears, noses, throats and teeth) and whose parents or guardians are unable to afford such care and treatment."

Bank of America is the Trustee of the fund. A trust officer from the Bank, together with the First Selectman and the minister of the Goshen Congregational Church compose the committee which approves distribution of the funds.

The Brooks Fund guidelines are enclosed for your information. Should you have any questions, please direct them to the U.S. Trust, Bank of America Private Wealth Management, c/o Julia E. Campmany, Philanthropic Administrator, NY8-114-10-04, 114 W. 47th Street, New York, NY 10036, (646) 855-1674.

Lineal descendants (children, grandchildren, great-grandchildren) of the Brooks Fund Committee members are ineligible to apply to the Brooks Fund for awards. Spouses of ineligible persons are also ineligible.

We thank you in advance for your cooperation.

Sincerely,

Todd M. Carusillo
First Selectman

The Caroline T. Brooks Fund

The Caroline T. Brooks Fund was established under the Will of Alice L. Carlisle, who was a resident of the Town of Goshen. The purpose of the Fund is to provide medical care for children under the age of 18 (minor's) of the Town of Goshen (particularly for their eyes, ears, noses, throats and teeth), **whose parents or guardians are unable to afford such care and treatment.**

Parents or guardians who have been residents of the Town of Goshen for at least twelve months may complete an application for any child under the age of 18 who is a Goshen resident.

Applications are available at the First Selectman's office, Town of Goshen, and at The Goshen Congregational Church.

Applications will be considered by a committee consisting of the First Selectman of the Town of Goshen, the minister of The Goshen Congregational Church and a Trust Officer of Bank of America as provided under the terms of the Will.

Primary consideration will be given to parents who meet the criteria established in the trust of being unable to afford medical care and treatment. Need will be determined in accordance with established federal and state assistance guidelines. The committee will consider only those applications which have been reviewed and deemed to meet these guidelines. The committee will, however, give special consideration based on family hardship. Applications are accepted on a rolling basis. The committee generally meets every other month or as needed. Applicants will receive a confirmation upon receipt of their application and final notification is generally made within 2 months.

PLEASE NOTE: Funds are distributed through Bank of America. **Payment will be made directly to licensed providers of medical, dental, vision or hearing services. No funds will be paid to individuals. All applications must include an invoice for services rendered or a written explanation of proposed services to be provided from the attending doctor or medical facility.** Under no circumstances will funds be advanced without this documentation. Lineal descendants (children, grandchildren, great-grandchildren) of the Brooks Fund Committee members or representatives of Bank of America, in its capacity as Trustee, are ineligible to apply to the Brooks Fund for awards. Spouses of ineligible persons are also ineligible.

REQUIRED DOCUMENTATION:

1. Completed Application and Financial Information

   Please submit one application per request. Applications must include either an invoice for services rendered or a complete explanation of proposed medical treatment from the physician or medical facility where treatment is to be provided. Incomplete applications will not be considered. Only one copy of the financial information need accompany more than one request from the same family.

2. Copy of the first two pages of the most recent Federal Tax Return; **including Schedule C if self-employed**.

3. Copy of last two weekly earnings statements.

Please send applications to:

Julia E. Campmany
Philanthropic Administrator, NY8-114-10-04
US Trust, Bank of America Private Wealth Management
114 W. 47th Street
New York, NY 10036

Julia_Campmany@ustrust.com

Caroline T. Brooks Fund
APPLICANT REQUEST

Applicant (Child) Name _____
Last Name First Name Middle Initial

Date of Birth _____ Total Amount Requested $_____
MO/DAY/YEAR

****Copies of bills and/or estimates must be enclosed****

*Type of Treatment	_____	_____
Physician/Institution	_____	_____
Name and Address	_____	_____
	_____	_____
	_____	_____
Telephone	_____	_____
Total Cost or Estimate	_____	_____
Anticipated or actual insurance payment	_____	_____
Parent/Guardian Payments	_____	_____
Amount Requested	_____	_____

*If you have more than two requests, use additional forms.
*Must be filed along with the Financial Information and a copy of your latest IRS return.

I certify that the above information is correct and accurate to the best of my knowledge. I further authorize any of the Caroline T. Brooks Fund Committee members, being the First Selectman of the Town of Goshen, the minister of the Goshen Congregational Church, or a trust officer of US Trust/Bank of America, N.A. the right to verify the above information with the physician or institution.

_____ _____
Parent/Guardian Signature Date

The Caroline T. Brooks Fund does not discriminate on the basis of race, color, creed, gender, national and ethnic origin in administration of its grants.

FINANCIAL INFORMATION FOR APPLICANTS OF
THE CAROLINE T. BROOKS FUND

Family Information:

Parents/Guardian _____ _____
Address _____ _____
_____
Email/Phone _____

Employment Father _____ Mother _____
Phone _____ Phone _____

Number of Children _____

Name	Date of Birth	Age

List any other dependents: _____

FINANCIAL - MONTHLY INCOME

Gross Income Father _____ **Net** Income Father _____
Gross Income _____ **Net** Income Mother _____
List all other sources of net monthly income _____
_____
_____
Total Net Monthly Income $ _____

Special Circumstances – Explain here. Attach sheet if necessary. FOR DIVORCED PARENTS – **Pls. Indicate custody arrangement, required financial and medical support per the divorce decree.**

_____
_____
_____
_____
_____
_____

TOTAL ASSETS/LIABILITIES

Bank Accounts Name and Balance		Stocks and Bonds Name and Value	

*use back of form for further information if necessary.

Real Estate Value		Mortgage Balance	
Other Real Estate		Equity Line	
Auto(s)		Auto Loan Balance	
Personal Property		Credit Card Balance	
Life Insurance		Other Loans	
cash value			
Other Assets			
Total Assets		Total Liabilities	

MONTHLY EXPENSES

Mortgage/Rent		Utilities	
Taxes		Oil	
Insurance House/Car		Gas	
Car Payment(s)		Electric	
Other Loan Payment(s)		Phone	
Credit Card Payment(s)		Garbage	
Food		Cable	
Clothing		Other	
Gas for Car (not on Credit)			

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_____ _____

Parent/Guardian Signature Date

***Email address** (for questions) _____