



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 Trustee, Bank of America, c/o Amy R. Lynch, Senior Vice President, Senior Philanthropic Relationship Manager, CT2-547-05-19, 99 Founders Plaza 5th Floor, East Hartford, CT 06018, (860) 244-4870

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,

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: Amy R. Lynch, Senior V.P.
US Trust, Bank of America
CT2-547-05-19, 99 Founders Plaza, 5th Floor
East Hartford, CT 06018

Amy.r.lynch@ustrust.com or 860-244-4870

FINANCIAL INFORMATION FOR APPLICANTS

Applicant Information

Applicant: _____
Address: _____
Phone/Email: _____

Employment

Applicant: _____ Spouse: _____
Phone: _____ Phone: _____
Number of Children: _____

Name	Date of Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any other dependents: _____

Financial - Monthly Income

Gross Income (Applicant) _____ **Net** Income (Applicant) _____
Gross Income (Spouse) _____ **Net** Income (Spouse) _____

List all other sources of net monthly income: _____

Total Net Monthly Income: _____

Special Circumstances: Explain here and attach sheet if necessary.

Total Assets/Liabilities

Bank Accounts Name:

Balances:

Value:

*use back of form for further information if necessary.

Real Estate Value: _____
Other Real Estate: _____
Auto(s): _____
Personal Property: _____
Life Insurance: _____
cash value: _____
Other Assets: _____
Total Assets: _____

Mortgage Balance: _____
Equity Line: _____
Auto Loan Balance: _____
Credit Card Balance: _____
Other Loans: _____

Total Liabilities: _____

Monthly Expenses

Mortgage/Rent: _____
Taxes: _____
Insurance House/Car: _____
Car Payment(s): _____
Other Loan Payment(s): _____
Credit Card Payment(s): _____
Food: _____
Clothing: _____
Gas for Car (not on credit) _____

Mortgage Balance: _____
Equity Line: _____
Auto Loan Balance: _____
Credit Card Balance: _____
Other Loans: _____

Total Liabilities: _____

I certify that the above information is correct and accurate to the best of my knowledge. I further authorize the First Selectman of the Town of Goshen the right to verify the above information. I have enclosed pages 1&2 of my latest Federal Tax Return (schedule C required if self-employed).

Applicant Signature

Email address (for questions)