

STUDENT EMERGENCY FUND

2022-23



Request Form

Attention: Maribeth deSnoo or Vicky Struthers

Email: mdesnoo@hpedsb.on.ca or vstruthers@hpedsb.on.ca



School:	Principal:						
Superintendent:	Office Contact:						
This is an urgent situation : <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Food</td> <td style="width: 33%;"><input type="checkbox"/> Medical needs</td> <td style="width: 33%;"><input type="checkbox"/> Eyeglasses</td> </tr> <tr> <td><input type="checkbox"/> Clothing</td> <td><input type="checkbox"/> Transportation</td> <td><input type="checkbox"/> Other</td> </tr> </table>		<input type="checkbox"/> Food	<input type="checkbox"/> Medical needs	<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Clothing	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other
<input type="checkbox"/> Food	<input type="checkbox"/> Medical needs	<input type="checkbox"/> Eyeglasses					
<input type="checkbox"/> Clothing	<input type="checkbox"/> Transportation	<input type="checkbox"/> Other					
Inclusive Opportunity request for: <input type="checkbox"/> Course related enhancements <input type="checkbox"/> Post-secondary application fees (\$100 maximum) <input type="checkbox"/> Athletic Equipment (Jumpstart) <input type="checkbox"/> Athletic Fitness Activity (Jumpstart)							
Other sources of funds have been exhausted: <input type="checkbox"/> Yes <input type="checkbox"/> No Long term support may be necessary: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*Contact Support Information attached for your/student's use. Please review.</i>							
Nature of Request: (Please do NOT list student's full name. For referencing, use the student's first name or, e.g., "a Grade 9 student")							
Amount Requested: \$	Requested by:						
Principal's Signature: <i>(*** Required)</i>	Date:						
This form is to be forwarded by e-mail to the attention of Maribeth deSnoo or Vicky Struthers A reply will be sent to you by return e-mail.							
Approved:	Not Approved:						
Executive Director:							
Date:	Request No:						

CENTRE HASTINGS

MEAL PROGRAMS

Program	Location	Details
Meals on Wheels Central Hastings	Community Care for Central Hastings 310 Victoria St. N., P.O. Box 849, Tweed, ON K0K 3J0	Call 613-478-2224 extension 5002 for more information Hot/Frozen meals available

FOOD BANKS

Program	Location	Details
Helping Hands Food Bank Central Hastings Support Network	151 St. Lawrence St, Madoc, ON K0K 2K0 (613) 473-5255	Food Bank Hours are the regular hours: Mon 10 – 1 Tues 6-8 Weds 10 – 2 Thurs 1-4 If you have someone who needs an emergency hamper outside of these hours let them know as we have someone at the office most days – as well as people willing to help out with deliveries.
Salvation Army Food Bank	224 Metcalf Street, Tweed ON, K0K 3J0	Food Bank hours are the regular hours: Monday 1-3pm Wednesday 10-12pm and 1-3pm

HOT LINES

Provider	Phone Number	Details
Addictions and Mental Health Services Hastings Prince Edward Pandemic Helpline	613-967-4737	If you're experiencing difficulties coping with mental health or substance use as a result of the effects of the COVID-19 Pandemic, call the AMHS-HPE Pandemic Helpline.
KIDS HELP PHONE	1-800-668-6868	https://kidshelpphone.ca/

OTHER RESOURCES

Program	Phone Number	Services available
Youthab	613-473-5255 (Madoc Office)	Counselling, housing
Hastings County	613-771-9630 / 1-866-414-0300 After 4:30 & weekends: 613-968-6834 / 1-866-414-0300	Clothing, Eye Glasses, Food, Job/Work Connection, Medical Assistance, Prescriptions, or in case of a fire
Community Trust	Centre Hastings: 613-473-5258	Rent/Heat/Hydro/Appliances, Groceries *(applicants can apply only once in a twelve month period)