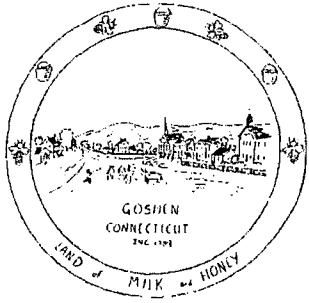




TOWN OF GOSHEN

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 Jazlyn Slaughter, Assistant Vice President, Philanthropic Officer, CT2-550-04-01, 101 E. River Drive, East Hartford, CT 06108 (860) 244-4877.

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,

Seth Breakell
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: Jazlyn Slaughter
Bank of America Private Bank
101 East River Drive
East Hartford, CT 06108
T (860) 244-4877
Jazlyn.slaughter@bofa.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 - <u>MONTHLY</u> INCOME	
Gross Income Father	Net Income Father
Gross Income	Net Income Mother
List all other sources of net monthly income	
Total Net Monthly Income \$	

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

TOTAL ASSETS/LIABILITIESBank Accounts
Name and BalanceStocks and Bonds
Name and 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)	_____

Utilities	_____
Oil	_____
Gas	_____
Electric	_____
Phone	_____
Garbage	_____
Cable	_____
Other	_____

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 Bank of America, N.A., 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**).

Parent/Guardian Signature_____
Date

*Email address (for questions) _____