



Dear Community Partner:

I hope this letter finds you well. As leaders in our community, we are all aware of the pressing needs faced by many families in Steuben County. At Fremont Youth and Community Outreach Inc., we are committed to finding innovative ways to support and uplift our neighbors in need.

We are excited to introduce you to CarePortal, a platform that connects churches and community organizations with families in crisis, allowing us to respond quickly and effectively to their needs. By leveraging CarePortal, we can work together to provide essential resources and support to the families who need it most.

On the surface, CarePortal is simply an app, a digital bulletin board, so to speak. In reality, it has the potential for so much more. Our goal in bringing CarePortal to our community is twofold. First, we deeply care about meeting the needs of families, specifically children in crisis. Second, and equally important, we desire to connect churches and other support organizations to these families to build community. We strongly believe that the solution to poverty is simply having a loving and supporting community to back you up when things are tough.

Here is basically what the program will look like. A family in crisis is identified by a child serving community partner (schools, churches, clinics, DCS, etc.) The family is asked to fill out an application then referred to FYCO for assistance. This crisis could be several different types of things: beds, clothes, food, utility assistance, a ride to a doctor's appointment, an appropriate car seat, etc. Once the family and needs are identified, FYCO will report the needs to the CarePortal app where vetted churches and other community organizations will adopt the needs. All family identifying information is kept confidential. The only organizations who will be able to contact the family are FYCO and the organization who adopts the need.

I have attached a copy of our application as well as a flyer that you could use to recommend services for families. If you are interested in learning more about CarePortal in Steuben County and how it can help the children in your organization, I would be happy to sit down to chat with you.

Thank you for your continued dedication to serving families in our community and for referring families to our program. Your support is invaluable in helping families to thrive.

Warm regards,

A handwritten signature in cursive script that reads 'Melissa Higbee'.

Melissa Higbee

Executive Director

melissa@HopeHouseFYCO.org





Steuben County, Indiana

With your permission, an agency worker would like to offer assistance to your family from a network of churches and community partners who serve families in Steuben County. Requests are shared through a technology platform called CarePortal, at no cost to you. All applications for assistance to CarePortal must come through child-serving professionals.



The initial request will not share any confidential or identifying information about your family with any agency except FYCO Inc. It will explain in a few words what is needed and how it could help.



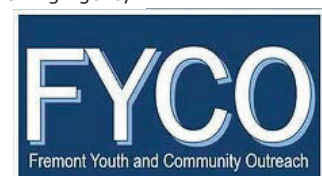
If assistance is found for you, your name and contact information will be shared with a volunteer from a vetted church or community partner, who will arrange to bring the items needed to you. These volunteers are giving out of their own means and donated items may be new or gently used.



Volunteers are trained to be respectful and polite. They will not require anything from you. You are not expected to attend or give to local churches or community organizations who serve you or to participate in any activities with them. Many times, families served by these volunteers form long-term friendships with them and find them to be an ongoing source of support and encouragement.

If you are interested in receiving assistance, please fill out the attached application and return it to _____
so they can submit it to FYCO Inc for approval.

Referring Agency



www.HopeHouseFYCO.org



CarePortal Application

The purpose of this application is to provide assistance to families with children in Steuben County facing hardships. By filling out this form, you are requesting assistance for yourself and your children who permanently live with you. Submitting this form does not guarantee assistance. Your information will only be shared with a group of vetted organizations who agree to fulfill your needs.

Requesting Agency: _____

Contact name: _____ Phone number: _____

Requesting Agency: Please email the completed application to: melissa@hopeHouseFYCO.org or submit via our website: www.HopeHouseFYCO.org/careportal

Client Information

Primary Contact Person			
Client Name:			
Street Address:			
Mailing address: (if different)			
City, State, Zip			
Phone Number:			
Best Time to Contact:			
Secondary Contact Person			
Name:			
Phone Number			
All Household Members			
Name	Gender	Birth Date	Relationship to applicant

General Request Category

Services Required:				
<input type="checkbox"/> Food	<input type="checkbox"/> Clothing	<input type="checkbox"/> Safety	<input type="checkbox"/> Educational	<input type="checkbox"/> Health
<input type="checkbox"/> Transportation	<input type="checkbox"/> Rent/Utilities	<input type="checkbox"/> Other Supplies	<input type="checkbox"/> Other: _____	

Please give detailed information regarding your request. For example: For clothing requests, please list child's name and size for each item; For food requests, please list any allergies for family members; For safety equipment – list necessary requirements (weight, size, etc)

List other agencies/services that you have contacted for assistance with this need including their responses:

Agency Name	Response

Any additional information you would like to share:

Consent and Signature

I hereby certify that the information provided above is accurate and complete to the best of my knowledge and that I am applying on behalf of myself and my child(ren). I consent to the processing of this information and understand that FYCO will share this information only with vetted organizations who will fulfill the needs presented.

Signature of parent/guardian: _____ Date: _____

Thank you for your application. Your information will be reviewed and a representative from FYCO will contact you as soon as possible.