



The Society of St. Vincent de Paul

In the Archdiocese of Boston, Inc.
Incorporated in April 24, 1869 • Reorganized July, 1989
18 Canton Street, Stoughton, MA 02072
Phone: 781-344-3100 • Fax 781-341-4560

UPLIFT PROGRAM INFORMATION

Overview

The **UPLIFT PROGRAM** is an Archdiocesan (Central Council) funded program administered by the District (Uplift Committee) to its sponsoring **Conference** (in good standing) for assistance to its qualifying family.

Purpose

The **UPLIFT PROGRAM** is intended to provide temporary financial assistance, for a specified period of time (up to two years), in order that the qualifying family may become self-sufficient during its prescribed term of commitment.

Funding

The program is capped at \$10,000 (Per 2019 Board Resolution)

A **District Council** may request up to **\$10,000 per each fiscal year** (October 1st to September 30th).

Guidelines

- The **District Council** must establish a **DISTRICT UPLIFT COMMITTEE** comprised of the *District President* and not less than four *Vincentians* from various **Conferences** within the **District**.
- The most recent *District Annual Report* must be submitted.
- The **UPLIFT PROGRAM REPORT FORM** for any previous **UPLIFT PROGRAM** fund distribution must be submitted before any additional funds may be requested.
- A **DISTRICT UPLIFT COMMITTEE Treasurer**, responsible for all **UPLIFT PROGRAM** finances, must be named.
- A **DISTRICT UPLIFT** checking account must be established.

Contributions are tax-deductible under Internal Revenue Code Section 501(c)(3).



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DISTRICT UPLIFT COMMITTEE RESPONSIBILITIES

- Establish *District Uplift* guidelines, and distribute all associated documentation to the **Conferences** within their **District**
- Maintain a *District Uplift Program* checking account
- Meet regularly to review applications, active cases, and program financials
- Disperse funds for payment of bills directly, or to the **Conference** for reimbursement
- Must submit a completed **Uplift Report Form** for any distribution of *Uplift Program* funds from the **Archdiocesan Council**, **before additional funds can be requested**
- Maintain records of all *District Uplift Program* families
- Solicit supplemental funds for the *District Uplift Program* from **Conferences** and other sources within their **District**



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CONFERENCE RESPONSIBILITIES

- Visitation of family to assess need
- Completion of *District Uplift Program* application and required forms, as well as their submission to the *District Uplift Committee*
- Distribution of funds to the family as scheduled
- Communication with the family for support, counseling, and status
- Periodic progress reports to the *District Uplift Committee*

FAMILY RESPONSIBILITIES

- Family must provide honest, accurate information
- Meet with **Conference** Vincentians to complete *District Uplift Application*, *Family Finances Form*, and *Family Agreement form*
- Continue to meet regularly with **Conference Vincentians** to verify and maintain progress toward their goals
- Notify the **Conference** with any changes to their financial status



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DISTRICT UPLIFT PROGRAM

CONFERENCE INSTRUCTIONS

Required forms:

1. Uplift Program Application
2. Uplift Program Family Finances Questionnaire
3. Uplift Program Family Agreement
4. Uplift Program Conference Agreement
5. Uplift Program Conference Request For Funding
6. Uplift Program Reporting Form

- **Forms 1 and 2** must be completed (by a *Vincentian*), and reviewed with the family
- **Form 5** must be completed by the **Conference**
- Completed **forms (1,2,5)**, along with any supporting comments and/or recommendations are to be submitted to the *District Uplift Committee* for review
- The *District Uplift Committee* will return **Form 5** as notification of the assistance it will provide
- The **Conference** will meet with the family and notify them of the assistance that will be provided
- **Form 3** is to be completed by the family indicating their acceptance of the terms and conditions of the assistance
- **Form 4** is to be completed by the **Conference**
- All forms are to be reviewed again with the family to verify all information
- The completed **Form 5** is sent to the *District Uplift Committee* for funding
- When needed, the **Conference** may submit another **Form 5** to request additional funding for the associated family
- The **Conference** should meet with the family to review and monitor their progress during the term of assistance



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UPLIFT PROGRAM APPLICATION

Date _____

Name(s) _____

Address _____

Time at this Address _____ Rent or Own _____

Other Residents	Relationship	Gender	Age

Landlord or Mortgage Holder _____

Address _____

Family Health Status _____

Cars in Household _____

Savings / Investments \$ _____

UPLIFT PROGRAM FAMILY FINANCE WORKSHEET

INCOME		EXPENSES	
Wages (Who/Where)	\$	Rent/Mortgage	\$
Wages		Food	
Wages		Heat	
Wages		Electric	
Wages		Phone	
Social Security		Cable	
Pension		Transportation	
Food Stamps		Child Care	
Child Support		Past Bills/Credit	
		Laundry	
		Medical	
		Clothing	
		Insurance	
TOTAL INCOME	\$	TOTAL EXPENSES	\$

What prospects do you have to make it on your own if we provide a Housing Subsidy for six months or so? (Use additional pages if needed.)

Signature _____

SVdP Conference Recommendation _____



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UPLIFT PROGRAM CONFERENCE REQUEST FOR FUNDING

Date _____

The Conference of _____

Is requesting funding for a period of _____ months

to pay the rent/mortgage for _____

starting in the month of _____.

We are requesting \$ _____. The monthly rent/mortgage
is \$ _____.

The application has been accepted _____ or not accepted _____.

The Uplift Committee will provide \$ _____ per month.

The check will be sent to:

The _____ Conference.

The Landlord _____

Other _____



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UPLIFT PROGRAM CONFERENCE AGREEMENT

We, the Conference of _____,
agree to help in the following areas: assistance if needed, in obtaining any and all benefits
to which you are entitled.

It has been agreed with our Conference \$ _____ per month will be paid for
assistance on your rent / mortgage. These payments will be made for a period of six
months, starting _____.

A review of your financial situation will be made with you when the fifth month payment
is made.

Your situation will be monitored through regular communication and home visits.

If additional help is needed, it will be discussed with the conference at the parish
conference meeting.

Signature of Client

Signature of Conference Member

Date



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UPLIFT PROGRAM FAMILY AGREEMENT

I agree to work with the Conference of _____.

I understand members of the conference will meet with me at least once a month and, if necessary, on a weekly or bi-weekly basis to discuss various needs such as budgeting.

I am responsible for the payment of my bills, including rent, utilities, and any other bill for which I am responsible.

If my financial information changes, I will notify the Society of St. Vincent de Paul conference as soon as possible.

Falsification of any information may result in the termination of my benefit.

Signature of Client

Date