Lewiston-Auburn Response Fund 4 things to do before you start your Category D application

There are things you need to consider and forms you should complete and have ready to upload with your application. Applications will be available around January 5th.

1. Decide how you want to be paid

- A. There is absolutely no restriction on where the funds go or how they are used. You can be paid by check or ACH transfer (See attached form).
- B. However, if you receive public benefits, please see the section below to consider the impact. We **recommend** that you work with a certified financial planner so the money can do whatever you want it to do.

2. Decide where the money will be deposited

- A. **If the person receiving the money is an adult** there is absolutely no restriction on where the funds go or how they are used. However, if you receive public benefits, please see the section below to consider the impact. We **recommend** that you work with a certified financial planner so the money can do whatever you want it to do.
- B. If the person receiving the money is under the age of 18 and is receiving money under Category D the money, by law, must be paid into a Uniform Transfers to Minors Act (UTMA) account, where a parent or guardian serves as custodian of the funds until the child reaches the age of 18.

The Parent or Guardian will get to choose:

- Where they want to open the UTMA account
- Whether they want the UTMA account to be a bank account or investment account
- How to use the funds for the child benefit until the child reaches age 18
- Custodian must complete the attached UTMA certification form.

You must have the UTMA account opened **before** you submit your application so that you can include the appropriate payment information in your application.

Androscoggin Bank

To set up a UTMA account at Androscoggin Bank, contact Sharon Goes who will schedule apportionments to ensure a smooth and easy experience for everyone.

sgoes@androscogginbank.com cell phone <u>207-577-7237</u>

Bath Savings Bank

Any of the Customer Service Representatives will be able to help you set up a UTMA account.

3. Consider your Public Benefits

Do you receive any of the following public benefits?

- Public Assistance/Cash Assistance/TANF
- SNAP/Food Stamps
- Medicaid/MAGI
- SSI/Disability
- SSD/Disability
- Veterans Benefits
- Rental Assistance/Shelter
- Section 8/Belmont/Housing Choice Voucher/RAC/BMHA
- Public Housing/BMHA/HUD/rapid rehousing/SPOA
- Medicare/Medicare Part D
- Children's Health Insurance Program/CHIP

If you answer "yes" to any of the above, when the government learns about the gift you receive from us, it could possibly impact your ability to continue to receive these public benefits. Receiving public benefits will not have any impact whatsoever on the size of the gift that you receive from the fund. We also want to ensure that any gift you receive from the fund does not jeopardize your public benefits. If you receive public benefits, please contact Pine Tree Legal Assistance to be referred to a pro bono (free) attorney who will look at your specific situation and benefits and offer you legal advice on what you can do to protect your public benefits.

The attorney may advise you that the gift you receive will have no impact on your benefits. Or the attorney may recommend the creation of a "special needs trust" so your gift does not disqualify you from any of your public benefits. It is always **your choice** how to proceed, but we want you to make an informed choice as to what option is best for you, so you do not have any unexpected consequences. If you have public benefits <u>and</u> a minor is receiving the money, you should get legal advice on your benefits **before** you create a trust.

Pine Tree Legal Assistance

207-774-8211 PTLA.org

4. Complete your other required documents

- A. If you experienced Psychological Trauma and are applying under Category D, the applicant must include a sworn affidavit which is signed and notarized. There is one affidavit for eligible adults applying for themselves. There is a different affidavit for parents applying on behalf of their children. Both versions of the affidavit are attached.
- B. Have a photo of the front and back of a government-issued photo identification.
- C. **If opening a UTMA custodial account for a minor,** the Custodian must complete, sign and have notarized, the Maine UTMA Custodian Certification which must be submitted with the application. A copy of this form is attached.

D.	If you are completing an application on behalf of someone else, such as a minor child, you will need a document that proves your relationship with the other person. For example, if that person is your child, upload a copy of their birth certificate which lists you as a parent.		

PLEASE NOTE: THE AFFIANT IS ADULT WHO WAS PRESENT. THIS MUST BE SIGNED BY THE AFFIANT IN THE PRESENCE OF THE NOTARY.

AFFIDAVIT OF PRESENT ADULT

STATE OF		[state where	signed])			
COUNTY OF		[county whe	ere signed])			
	NOW COMES	the Affiant,		[name], being first	duly		
swoi	rn under oath, and	states as follows:					
1.	I am		[na	me].			
2.	I am an adult o	ver the age of 18.					
3.	I request benefit	ts from the Lewiston-	·Auburn Resp	onse Fund on behalf of myse	elf.		
4.	I meet the el	igibility standards se	et forth in the	ne Final Protocol. I was	present at		
		on Octobe	er 25, 2023,	at the time of the shooting	. After the		
	shooting, I expe	erienced psychologica	ıl trauma.				
5	5. I completed all	I completed all other requirements of the Application and all the information I provided is					
	true and accurate, under penalty of perjury.						
	FURTHER AF	FIANT SAYETH NA	UGHT.				
				[Signature of Affiant	 +]		
				isignature of Affiant ust be signed in the presence oot sign until instructed to do	of the		
	Sworn and subs	scribed before me this	day of	[month], 20 [yo	ear]		
			Notary Public	;			
			My Commiss	ion Expires:			

PLEASE NOTE: THE AFFIANT IS THE PARENT OR GUARDIAN OF A MINOR CHILD WHO WAS PRESENT AT THE LOCATION OF THE SHOOTING. THIS MUST BE SIGNED BY AN ADULT OVER THE AGE OF 18, IN THE PRESENCE OF A NOTARY.

AFFIDAVIT ON BEHALF OF MINOR CHILD

STATE OF		state where signed	.])				
COUNTY OF		[county where sign	ed])				
	NOW COMES	the Affiant,		[n	ame], being first du	ly		
swor	n under oath, and s	states as follows:						
1.	I am		[na	ne].				
2.	I am the Parent	or Legal Guardian of			[child's name], w	/ho was		
	present at	on Octobe	er 25, 2)23, at the t	time of the shooting.			
3.	I request benefit	s from the Lewiston-Auburn	ı Respo	nse Fund o	n behalf of my mind	or child.		
4.	My child meets the eligibility standards set forth in the Final Protocol. After the shooting,							
	my child experi	enced psychological trauma.						
5	5. I completed all other requirements of the Application and all the information I provided is							
	true and accurate under penalty of perjury.							
	FURTHER AFFIANT SAYETH NAUGHT.							
	Sworn and subs	Notary Notary cribed before me this da	v. Do 1 v.	ust be signe ot sign unti	nature of Affiant] d in the presence of il instructed to do so month], 20 [year]	by		
		My Co	ommiss	ion Expires	:			



TRANSFER UNDER THE MAINE UNIFORM TRANSFERS TO MINORS ACT

I, Jeffrey R. Dion, as Administrator of the Lewiston-Auburn Response Fund, transfer to
(name of parent/custodian), as custodian for(name of minor) under the Maine Uniform Transfers to Minors Act, the following: A CHARITABLE GIFT from the Maine Community Foundation in the amount determined by the Local Steering Committee for validated applicants, in recognition of the psychological trauma experienced by the minor as a result of the October 25, 2023, shootings at Just-In-Time Recreation and Schemengees Bar& Grill.
Teffrey R Dia
Signature of Custodian
Sworn and subscribed before me this day of[month], 20 [year]
Notary Public
My Commission Expires:



245 Main Street, Ellsworth, ME 04605 · Tel 207-667-9735 · Fax 207-667-0447 www.mainecf.org

ACH Electronic Funds Transfer Authorization

This is an authorization agreement for Automated Clearing House (ACH) pre-authorized payments to your account. The undersigned hereby authorizes The Maine Community Foundation, Inc. to originate credit entries via the Automated Clearing House to the account indicated below at the Depository Financial Institution named below, to accept and to credit the amount of such entries to the account.

Is this New, or Updated ACH Information for your organization?	□ New	□ Updated
IDENTIFICATION:		
Name (as shown on bank account)		
Tax ID Number		
Address		
Contact Name and Title		
Accounting Email for Remittance		
BANKING INFORMATION:		
Bank Name		
Bank Address		
Bank Routing Number		
Bank Account Number		
Account Type	□Checking	□Savings
PLEASE PROVIDE A COPY OF VOIDE	D CHECK OR I	BANK LETTER WITH THIS FORM
AUTHORIZATION:		
Name		
Title		
Phone		
Email		
Date		
Authorized Signature		

This authorization will remain in effect until written notification has been given by the recipient and that notification has been received by The Maine Community Foundation, Inc. In addition, The Maine Community Foundation, Inc. in its discretion, may terminate the recipients' ability to participate in the Electronic Funds Transfer system. Any termination will take effect only after all entries originated by The Maine Community Foundation, Inc. have been honored by the bank.