



The  
**Episcopal Diocese**  
 of New York

# Critical Clergy Needs Committee

## Medical/Dental Application

### And Other Non-Medical Needs

Requests for critical needs may include expenses related to severe illness or other family crises; lapsed medical insurance premiums; financial emergencies caused by unemployment of clergy, unusual medical or dental expenses and other needs of a critical nature. The request should indicate a specific amount.

#### Applicant Contact Information

Date	
Name	
Mailing Address	
Email	
Phone(s)	
Parish/Institution/Retired	
Signature	

- Grants to Individuals for Critical Needs – please provide details on a separate page
- Grants for Unreimbursed Medical and/or Dental expenses – please provide details below

Procedure or Institution	Total Expense	Amount paid By Insurance	Amount Requested

<b>Total Requested</b>	
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Please attach a copy of the bill and the Explanation of Benefits from the insurance company, Medicare, etc.

#### Grants to Individuals for Critical Needs: Details

Completed applications should be sent to:

Critical Clergy Needs Manager  
The Episcopal Diocese of New York  
1047 Amsterdam Ave  
New York NY 10025

For full contact information, please visit <http://www.diocesenyc.org/administration/for-clergy/critical-clergy-needs/>.

