



We give help, you give hope

FINANCIAL ASSISTANCE APPLICATION
FOR INDIVIDUALS

Date

Award #

Name of person requesting financial assistance (Please print or type)

Name of Agency represented if any

Address City State Zip Phone #

Cell Phone # e-mail

Name of individual for whom request is made Age Date of Birth

Address City State Zip Phone #

Please indicate if individual is: ____ living at home, ____ Foster Care,
____ Residential Care Facility, ____ IL/SL or ____ Other

(Describe if other situation)

Financial Information: Total Household Income \$ _____
Applicants Income \$ _____

Living Status: Own Home _____ Mortgage Payment \$ _____
Renting _____ Rental Payment \$ _____

Please check appropriate boxes:

Applicant is a recipient of: S.S.I. " " , AFDC " " , Social Security " " or Other " "

Is your child, consumer(s), or IL/SL client a Regional Center client? Yes or No

Case Manager's Name _____ -- Phone _____

Family Structure:

Husband and Wife live in same dwelling _____ Yes _____ No (If no, answer below)

_____ Separated _____ Divorced _____ Deceased

Is Husband employed? _____ Yes _____ No # of Siblings at Home _____

Is Wife employed? _____ Yes _____ No Ages _____

Describe degree of mental retardation (mild, moderate, profound, severe, etc.)

Describe in detail degree of behavioral problem, if any. Is it controlled? _____

Describe in detail physical disabilities, if any _____

Describe what funds are to be used for. If equipment is requested, please attach two (2) estimates of cost. _____

Amount Requested \$ _____

Have applications for this need been made to other sources? _____ Yes _____ No

If Yes, please list and give \$ amounts committed. _____

Name of individual's physician _____

Address City State Zip Phone #

I, the undersigned, state that the information contained in this Financial Assistance Application is true and correct to the best of my knowledge. I also give permission for the use of name, address and photographs and/or home interview by CARH, Inc.

Signature Title/Relationship Date