

## **Application for Client Support**

All information provided in this application will be kept in the strictest of confidence. If more space is needed, attach an additional sheet of paper.

1. Tell us about the child who might benefit from Katibug	gKids, NFP support.	
Name	DOB	
Address		
Diagnosis		
Contact/Relationship		
Home Phone	Cell Phone	
E-mail address		
2. Does the child attend a special education program?	yes no	
School / Program		
Address		
Teacher/Therapist/Advisor	Phone	
3. Is the child covered by private medical insurance?	yes no	
Name of Insurance company		
Name of insured	Relationship	
Was this request for services submitted to insurance?	yes no	

If there is no private insurance, does the child participate in the Illinois **ALLKIDS** program, **CHILDFIRST**, or receive any form of **public assistance**? If so please indicate what he/she is receiving and amounts.

4. Do both parents reside in the family home?	yes	no
Does mom work outside the home full or part-time?	yes	no
Does the father work outside the home full or part-time?	yes	no
Type of work/ employer		
What is the family's annual income after deductions?		
(Found on line 43 of your most recent IRS tax forms. Please a	attach a co	py to this application.)
Does the child currently receive any child support? How much?		
What is the number of persons living in the household?		
What are the ages of any children in the home?		
5. Please provide a description of the reason for this application $% \left( 1\right) =\left( 1\right) \left( 1\right) $	and what	specific needs you might have
such as equipment, deductibles, co-pays, and etc.		
6. Please tell us about any unusual circumstances that may have	contribute	ed to your decision to make
this application.		
7. Section Removed		

## **Client Financial Information**

Please complete this form for the past month.

Total

Monthly expenses for the month of:	
Name	
Monthly income	
ltem	Amount
Mortgage / Rent	
Groceries	
Electric	
Heating	
Credit cards	
Car loan	
Telephone(s)	
Cable/Internet	
Medical/Dental/Prescription	
Water/Garbage/Sewer	
Other Loans	
Daycare	
Property taxes (If separate from Mortgage)	
Savings	
Other	
Other	

and any additional information the	at may be helpful via:	
MAIL - KatibugKids, NFP, 785 Barron Blvd. Grayslake, IL 60030	or	EMAIL - joyceormond@comcast.net Please put 'Katibug' in the subject line
If you have questions please feel f	ree to contact us at 847-	971-3822.
Recipients of KatibugKids NEP ser	vices should meet the fo	llowing criteria:

Please complete the form and save a copy to your desktop. Print a copy and return the completed application

Recipients of KatibugKids, NFP services should meet the following criteria:

- 1. The beneficiary child must be a resident of Lake County, IL.
- 2. The beneficiary child must be living in the family home full time.
- 3. The child must be between the ages of 0 and 22.
- 4. A letter from a doctor, teacher, or therapist, with contact information indicating the nature of the child's physical or medical diagnosis, should accompany this application. We consider a broad range of diagnoses. A school IEP is acceptable.
- 5. Each child and family is limited to one request annually.

By signing below I (we) attest to the accuracy of these statements to the best of my (our) ability.					
X(Parent/guardian)	Date				
Y	Date				
(Parent/guardian)					