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 KatibugKids, 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 attach a copy 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 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 contributed to your decision to make this application.

7. Is the child a U.S. citizen residing in Lake County, IL? ◯ yes ◯ no

If not, please explain

Client Financial Information

Please complete this form for the past month.

Monthly expenses for the month of: _____

Name _____

Monthly income_____

Item	**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	
Total	0

Please complete the form and save a copy to your desktop. Print a copy and return the completed application and any additional information that may be helpful via:

MAIL - KatibugKids, NFP,
P. O. Box 421
Grayslake, IL 60030

or

EMAIL - joyceormond@comcast.net
Please put 'Katibug' in the subject line

If you have questions please feel free to contact us at 847-971-3822.

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_____ Date_____
(Parent/guardian)

X_____ Date_____
(Parent/guardian)