



## 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.



## 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	
<b>Total</b>	

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,  
785 Barron Blvd.  
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 \_\_\_\_\_  
(Parent/guardian)

Date \_\_\_\_\_

X \_\_\_\_\_  
(Parent/guardian)

Date \_\_\_\_\_