

Charity for Children, Inc.

The information in this sheet will be used to evaluate financial assistance. Please accurately answer all questions. **Information is kept confidential.** Return completed form to:

Charity for Children, Inc., 5968 Rt. 31, Cicero, New York 13039

Financial Information Sheet

Part A

Parents Name: _____ Childs Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone #: _____

Work Phone #: _____ Marital Status: _____

County of Residence: _____ Social Security # _____ Age _____

Part B

What is your primary source of income?

___ SSI – Self

___ SSDI – Self

___ SSI – Spouse

___ SSDI – Spouse

___ Private Disability – Self

___ Veteran’s Disability – Self

___ Private Disability – Spouse

___ Veteran’s Disability – Spouse

___ Employment – Self

___ NO INCOME

___ Employment – Spouse

___ Joint Income

___ Public Assistance – Self

___ Public Assistance – Spouse

How many people including you does this income support? _____

Who carries your health insurance benefits? ___ Self ___ Spouse ___ Other _____

Have you ever been referred to State Vocational Rehabilitation? ___ Yes ___ No

If Yes, were you accepted? ___ Yes ___ No

Is your Health Care coverage provided through:

No Health Care coverage

Private Group Insurance - Self

HMO – Self

Private Group Insurance - Spouse

HMO – Spouse

State Insurance Pool – Self

Medicaid – Self

State Insurance Pool – Spouse

Medicaid – Spouse

Veteran’s Benefits – Self

Medicare – Self

Veteran’s Benefits – Spouse

Medicare – Spouse

Private Individual Insurance – Self

Private Individual Insurance – Spouse

Do you have a deductible on your coverage? Yes No If yes, how much? _____

Do you have a co-pay? Yes No If yes, how much? _____

Name of Insurance Co: _____

Address: _____

ID # _____ Phone: _____

Name of Insurance Co: _____

Address: _____

ID # _____ Phone: _____

Who does the child reside with? _____

Do you own your home? Yes No

Are you currently employed?

Employed – Full Time

Employed – Part Time

Unemployed – Looking for work

Unemployed - Not looking for work

Monthly Expenses:

Mortgage/Rent \$ _____

Utilities \$ _____

Estimate other monthly expenses, not including mortgage/ rent or utilities: \$ _____

Part C

Banks accounts: Name of institutions _____

___ Checking Account _____ Approx. balance: \$ _____

___ Savings Account _____ Approx. balance: \$ _____

Other accounts: Please list: _____

Part D

Have you ever received any financial assistance from other agencies? If yes, please specify.

Part E

A copy of your latest income tax return must be submitted with this form in order for us to process all requests. The papers will be kept in our files. All information is kept confidential.

Part F

The information provided is true and accurate to the best of my ability. If any changes occur, I will notify Charity for Children, Inc.

Signature

Date

All information will be reviewed by the Board of Charity for Children, Inc. Decisions will be made based on the Financial Information provided and the availability of funds of the Agency at the time of the request.

**Return To:
Charity for Children, Inc.
5968 Rt. 31
Cicero, New York 13039**

Part F
Financial Attachment

For Office Use Only:

Client Name: _____

Date: _____ Request: _____

Amount: _____ Approved _____ Denied _____

Board Representative Signature: _____

Reason for denial: _____