

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., P.O. Box 204, Syracuse, New York 13206

Financial Information Sheet

Part A

Parents Names: _____

Childs' Name: _____ Age: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone #: _____

Work Phone #: _____ Marital Status: _____

County of Residence: _____ Social Security # _____ Age _____

Employer Mother: _____

Employer Father: _____

Child's Diagnosis: _____

What treatment is child currently receiving and where: _____

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.

What is your most immediate need from Charity for Children?

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. Please complete and return either by fax or mail to:

**Charity for Children, Inc.
P.O. Box 204
Syracuse, New York 13206
Fax: 472-2310**

Part F
Financial Attachment

For Office Use Only:

Client Name: _____

Date: _____ Request: _____

Amount: _____ Approved _____ Denied _____

Board Representative Signature: _____

Reason for denial: _____