



FOR JAKE'S SAKE
APPLICATION FOR FAMILY ASSISTANCE PROGRAM

Applicant Name (Last, First) Parent or primary caregiver

Home Address (Street, City, State, Zip)

Home Telephone Business/Other Telephone E-mail Address

COMPLETE THE FOLLOWING INFORMATION FOR CHILDREN LIVING WITH YOU:

Please list child's first name _____
Birth date _____ diagnosis _____

Please list child's first name _____
Birth date _____ diagnosis if any _____

Please list child's first name _____
Birth date _____ diagnosis if any _____
(write on back if more than 3 children)

MARITAL STATUS: Are you married? Yes No

If you are a single parent, do you receive monthly child support? Yes No If yes,
how much \$ _____

INCOME:

What is your combined monthly household employment income?

Do you receive state or federal assistance (SSI/SDI)? Yes No If yes, how much per
month \$ _____

INSURANCE:

Do you have private health insurance for your child Yes Type:
_____ No

Do you have state paid insurance (i.e. MassHealth)? Yes Type: _____
 No

SERVICES:

If your child is 0-3 is your child in Early Start/Early Intervention? Yes No

If your child is over age 3 what is their current school placement?

Public/Private/In-Home Program _____

If your child(ren) is at a Private School, please list any types of financial assistance your child(ren) may be receiving to assist with tuition _____

CURRENT FAMILY DEBT:

HOUSING: Own Home Rent Temporary Housing Monthly housing commitment \$ _____

Do you have a 2nd mortgage on your home: Yes No Monthly housing commitment 2nd Mortgage \$ _____

Credit card debt:

Number of credit cards your family has: _____ Current Balance \$ _____ Monthly Minimum Payments _____

Have you ever received assistance from For Jake's Sake before? If so, please note the amount, for what and when. Yes No

Type of services awarded previously from For Jake's Sake:

Proposal SUMMARY:

ON A SEPARATE SHEET OF PAPER PLEASE PROVIDE THE FOLLOWING:

The FJS Assistance Program is a reimbursement program, you must first pay your provider and then be reimbursed by FJS. Please describe what is being requested and why. Support for more than one service, or more than one child, can be requested. Be specific. For example: 12 months worth of speech therapy co-payments at \$20 each for speech 1 x weekly = \$1,040.00 per child. You must make a payment in this amount to your provider to obtain a receipt, we will then reimburse you the expense. If you would like, you may request assistance and wait for our decision before submitting payment to your provider. In some cases we realize you will be making a large payment to your provider. If you have already been approved, you will receive your reimbursement check within a week of our receipt of your receipts.

Please outline all of the current therapies and treatments your child(ren) is receiving. Is your school system providing any therapies for your child(ren)? Are you currently in legal proceedings against your school district? Please include a breakdown of the costs – i.e. co-payments, vs. out of pocket expenses, legal fees, etc.

Please include contact information for the practitioner you have chosen to use.

Name _____
Address _____
City, State, Zip _____
Phone _____
Type of Therapy _____

Have you attended any information sessions at your neighborhood ARC with regards to alternate sources of private or state funding? Yes, which ones:
_____ No If No, then please state why
not: _____

Please feel free to include a personal statement, telling us your story. This will give the Board insight to your family situation and may assist us in making a decision.

All information submitted to FJS shall remain **confidential**. Please note that, pursuant to Massachusetts and federal law requirements, FJS reserves the right to Require a copy of the receipt prior to issuing funding. I am certifying that if the money was not used for its intended purpose, that it will be paid back in full to For Jake's Sake.

I certify that the information on this form is true and complete to the best of my knowledge.

Applicant Signature

Date

PLEASE KEEP THIS SECTION FOR YOUR RECORDS

Frequency:

The FJS Assistance Program is a reimbursement program, you must first pay your provider and then be reimbursed by FJS. There are restrictions with this funding through FJS. Once an application is **approved**, FJS will fund only one request per family per year through the Family Assistance Program. In dire financial circumstances, we will approve your application (if completed in full) prior to you making your payment, however we will not issue you your check until we have the receipts from your provider that you have paid. You will then receive your check within one week.

Application Process:

To apply for a FJS Family Assistance, please complete the attached application and submit WITH RECEIPTS. Applications are generally reviewed quarterly, funds permitting. Assistance will be based on the needs of the family and the availability for funds. Applicants who have not received funds from FJS previously will be given highest priority. However, FJS reserves the right to provide assistance more than once to the same family. The amount of assistance will vary, depending on availability of funds. **Please do not call to check on the status of your application. You will be notified as soon as possible about our decisions. Only completed, formal written applications will be accepted. Applications will not be accepted via fax, incomplete applications will not be considered.**

When applying for a FJS Family Assistance, you must provide:

- Completed and signed application.
- A letter from your doctor or other proof indicating your child's diagnosis.
- A copy of your child's most recent IEP.
- Previous year's tax return (both tax returns if you are married filing separately are required if you are married.)
- Current year's pay stub showing year to date income for all house hold income workers.
- Total cost breakdown for what is being requested.
- Depending on the nature of your request, additional information may be required.
- Please note that, in order to comply with state and federal law, FJS requires copies of receipts for the services paid for with the assistance money. FJS

reserves the right to follow up with the family to ensure the assistance was successfully used for its intended purpose.

- Proof of medical insurance.
- Proof of US citizenship.

Not every family who applies for the FJS Family Assistance will receive funding. In some cases, partial funding may be awarded. Our Board of Directors will award the assistances quarterly. This process of selection will depend upon the number of applications received in a given quarter, the applicant's unique circumstances, and the amount the FJS Family Assistance Program has available to make the best decision possible.

Thank you for your interest in our program.

The Board of Directors
For Jakes Sake
P.O. Box 3051
Beverly, MA 01915