



East Texas Angel Network



APPLICATION FOR ASSISTANCE

Applicant's Name (Name of Child) _____

Home Telephone Number _____ Work Telephone Number _____

Mailing Address (Street, P.O. Box, RFD) _____

Apartment No. _____ City _____ Zip _____

County _____ State _____

Home Address (If different from above) - If rural give directions _____

Has applicant ever used another name? Yes No

If "Yes", list other names Applicant has used _____

Why are you asking for help for Applicant now? _____

How did you meet Applicant's expenses until now? _____

1. Fill in (a) about Applicant. Fill in the remaining blanks for yourself and for everyone who lives with you, whether or not you consider them household members.

(a) Applicant's Name (Last, First, Middle) _____

Date of Birth _____ Sex _____ Race _____

U.S. Citizen? Yes No Legal Alien? Yes No In School? Yes No

Social Security Number _____

(b) Name (Last, First, Middle) _____

What Kin to Applicant? _____ Social Security Number _____

Date of Birth _____ Sex _____ Race _____

U.S. Citizen? Yes No Legal Alien? Yes No In School? Yes No

(c) Name (Last, First, Middle) _____

What Kin to Applicant? _____ Social Security Number _____

Date of Birth _____ Sex _____ Race _____

U.S. Citizen? Yes No Legal Alien? Yes No In School? Yes No

(d) Name (Last, First, Middle) _____

What Kin to Applicant? _____ Social Security Number _____

Date of Birth _____ Sex _____ Race _____

U.S. Citizen? Yes No Legal Alien? Yes No In School? Yes No

(e) Name (Last, First, Middle) _____

What Kin to Applicant? _____ Social Security Number _____

Date of Birth _____ Sex _____ Race _____

U.S. Citizen? Yes No Legal Alien? Yes No In School? Yes No

(f) Name (Last, First, Middle) _____

What Kin to Applicant? _____ Social Security Number _____

Date of Birth _____ Sex _____ Race _____

U.S. Citizen? Yes No Legal Alien? Yes No In School? Yes No

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- 2. Do others live with you that you did not list above? Yes No If "Yes" how many? _____
- 3. Is anyone in your household disabled? Yes No
- 4. How much cash money do you and all those who live with you have (in pockets, bank accounts, anywhere else) ? \$ _____
- 5. Vehicles your household has: Year: _____ Make: _____ Model: _____
- 6. Do you (or does anyone living with you) own or are you paying for a home, lot, land, life insurance or other things? Yes No
- 7. Did you or did anyone living with you sell, trade, or give away any cash or property during the last 3 months? Yes No
- 8. What is the total income (money, cash, or checks) that you expect your household to receive this month? \$ _____
- 9. Do you or does anyone living with you receive money from job training or work? Yes No
- 10. Does anyone living with you pay for meals, a room, or both? Yes No
- 11. Does anyone in your household get cash, gifts, loans, or contributions from parents, relatives, friends or others? Yes No
- 12. Does anyone get any other money, cash, or checks? (Include school grants, scholarships, loans, child support, unemployment, government checks, etc.) Yes No
- 13. List all of your household's income below:

Name of Person Working or Receiving Money _____

Name of Employer, Person, or Agency That Provides the Money _____

How Often Received _____ Amount Received _____

If Social Security, Enter Claim No. _____

Name of Person Working or Receiving Money _____

Name of Employer, Person, or Agency That Provides the Money _____

How Often Received _____ Amount Received _____

If Social Security, Enter Claim No. _____

Name of Person Working or Receiving Money _____

Name of Employer, Person, or Agency That Provides the Money _____

How Often Received _____ Amount Received _____

If Social Security, Enter Claim No. _____

14. Have you or has anyone living with you worked in the past three months? Yes No

15. Have you or has anyone living with you quit a job in the last 60 days? Yes No

16. Is anyone in your household on strike? Yes No

17. Living arrangements (Check all blanks that apply to your household):

Renting Own or Paying for Home Live with Relatives or Friends No Permanent Residence Migrant or Seasonal Farmworker

Monthly Rent or Payment \$ _____ Monthly Utilities \$ _____

Telephone \$ _____ Tax on Home \$ _____ Insurance on Home \$ _____

Does anyone else pay these expenses for you? Yes No

Name, Address and Telephone Number of Landlord or Mortgage Holder for Residence Verification _____

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18. Do you pay anyone to care for a child or other household member so that you can work or train for a job? Yes No
If "Yes", how much do you pay? \$ _____ per _____ (month, week, day)
19. Are you or is anyone who lives with you pregnant? Yes No If "Yes", who _____
20. Does anyone have any unpaid medical bills from the last four months? Yes No
21. Does anyone have health insurance? Yes No
22. Does anyone have monthly costs (bills, medicine, insurance, transportation, home care)? Yes No

MEDICAL INFORMATION

Patient Name _____

Physician Name _____

Patient's Account Number _____

Physician's City of Residence _____

Diagnosis _____

Diagnosis Age _____

Hospital _____

Location (City) of Hospital _____

Admission Date _____

Estimate of number of hospital days needed _____

Insurance Information _____

Estimate of Medical Expenses _____

Immediate Needs: _____

– INFORMATION ON HOUSEHOLD MEMBERS –

1. **Name of Household Member** _____
- Name and Address of Employer** _____
- _____
- Dates of Employment: From _____ To _____ Monthly Amount Earned \$ _____
- Type of Work _____
- Reason for Leaving _____
- Name and Address of Employer** _____
- _____
- Dates of Employment: From _____ To _____ Monthly Amount Earned \$ _____
- Type of Work _____
- Reason for Leaving _____

East Texas Angel Network – Application For Assistance Continued

Name and Address of Employer _____

Dates of Employment: From _____ To _____ Monthly Amount Earned \$ _____

Type of Work _____

Reason for Leaving _____

2. **Name of Household Member** _____

Name and Address of Employer _____

Dates of Employment: From _____ To _____ Monthly Amount Earned \$ _____

Type of Work _____

Reason for Leaving _____

Name and Address of Employer _____

Dates of Employment: From _____ To _____ Monthly Amount Earned \$ _____

Type of Work _____

Reason for Leaving _____

Name and Address of Employer _____

Dates of Employment: From _____ To _____ Monthly Amount Earned \$ _____

Type of Work _____

Reason for Leaving _____

3. **Name of Household Member** _____

Name and Address of Employer _____

Dates of Employment: From _____ To _____ Monthly Amount Earned \$ _____

Type of Work _____

Reason for Leaving _____

Name and Address of Employer _____

Dates of Employment: From _____ To _____ Monthly Amount Earned \$ _____

Type of Work _____

Reason for Leaving _____

Name and Address of Employer _____

Dates of Employment: From _____ To _____ Monthly Amount Earned \$ _____

Type of Work _____

Reason for Leaving _____

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PARENT PROFILE QUESTIONNAIRE

– INFORMATION ABOUT YOU –

Name _____ Social Security Number _____

Relationship to Applicant _____ Date of Birth _____

Address (Street, Apt. No., City, State, Zip _____

Telephone Number/Address Where Messages Can Be Left _____

– INFORMATION ABOUT SPOUSE –

Name _____ Social Security Number _____

Relationship to Applicant _____ Date of Birth _____

Address (Street, Apt. No., City, State, Zip _____

Telephone Number/Address Where Messages Can Be Left _____

RELATIONSHIP BETWEEN MOTHER AND FATHER OF CHILD (REN)

Were mother and father of children married? Yes No

Type of Marriage (Check One):

Marriage Ceremony

Where (County/State) _____ When (Month/Day/Year) _____

Common Law (If Common Law, answer the following)

Did you live together? Yes No If "Yes", give date you began living together (Month/Year) _____

Did you tell others that you were married? Yes No Did you file joint tax returns? Yes No

Were you both single and free to marry? Yes No Did the parents use the same last name? Yes No

Are both mother and father living with Applicant? Yes No If you answered "No", complete the following.

Separated (if you have legally filed for separation, indicate where and when you filed and the cause number)

Where (County/State) _____ When (Month/Day/Year) _____

Cause Number _____

Divorced (if divorced, answer the following)

Where (County/State) _____ When (Month/Day/Year) _____

Cause Number _____

If never married, answer the following:

Has the father stated that he is the father? Yes No

Did he put it in writing? Yes No If "Yes", do you have a copy? Yes No

Would he sign a statement saying that he is the legal father? Yes No Unsure

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– INFORMATION ABOUT THE ABSENT PARENT –

Name (Last, First, Middle) _____ Social Security Number _____

Date of Birth _____ Current Address _____

_____ Telephone Number _____

Last Known Address _____

_____ Telephone Number _____

Current Employer _____

Address _____

Telephone Number _____

Previous Employer _____

Address _____

Telephone Number _____

Height _____ Weight _____

Color of Eyes _____ Color of Hair _____ Sex _____ Race _____

Check any of the following benefits that the absent parent receives: Social Security Benefits Veteran's Benefits

Workman's Compensation Unemployment Other

Give the names of people who might know where the absent parent can be located.

Name _____

Address _____

_____ Telephone Number _____

Name _____

Address _____

_____ Telephone Number _____

INFORMATION ABOUT THE CHILDREN you and the absent parent had together (include adopted children)

Full Legal Name of Child (Last, First, Middle) _____

Place of Birth (City, State) _____ Date of Birth (Month, Day, Year) _____

Sex _____ Does child Live With You? Yes No Does child receive AFDC or Medicaid? Yes No

Full Legal Name of Child (Last, First, Middle) _____

Place of Birth (City, State) _____ Date of Birth (Month, Day, Year) _____

Sex _____ Does child Live With You? Yes No Does child receive AFDC or Medicaid? Yes No

Full Legal Name of Child (Last, First, Middle) _____

Place of Birth (City, State) _____ Date of Birth (Month, Day, Year) _____

Sex _____ Does child Live With You? Yes No Does child receive AFDC or Medicaid? Yes No

Does the absent parent currently have medical insurance that is covering the children Yes No

If "Yes", what is the name of the insurance company? _____

When was the last time the absent parent visited, wrote, or telephoned you or the child (ren)? _____

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CHILD SUPPORT

Has the court ordered child support? Yes No

If "Yes", (a) how much per month? \$ _____

(b) when was it last paid? _____

If "No", has absent parent paid child support voluntarily or provided any other assistance? Yes No

REFERENCES

Name _____

Address _____

Telephone Number _____

Name _____

Address _____

Telephone Number _____

Name _____

Address _____

Telephone Number _____

Name, address and phone number of person who will always know how to contact you _____

I CERTIFY UNDER PENALTY OR PERJURY, THAT I AM A U.S. CITIZEN OR ALIEN WITH LEGAL IMMIGRATION STATUS.

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

Signature _____

Date _____

Signature-Spouse _____

Date _____

Signature - East Texas Angel Network _____

Date _____

Applicant and Applicant's parents hereby consent to execute a Release and Indemnity Agreement whereby Applicant and Applicant's parents agree to release, indemnify and hold harmless any corporation, agent, servant, employee or any other individual and/or entity furnishing information regarding Applicant or Applicant's parents in the investigation of Applicant's request for monetary assistance.

Signature _____

Date _____

Signature-Spouse _____

Date _____

FOR EAST TEXAS ANGEL NETWORK USE ONLY:

Date Received _____ Former Applicant? Yes No Former Recipient? Yes No

Screened By _____ Appointment Date and Time _____



East Texas Angel Network

P.O. Box 9544 • Longview, Texas 75608 • 903-297-9000 • Fax (903) 759-7977

APPLICATION FOR ASSISTANCE

Several avenues are available to help you meet food, shelter, money, and medical needs. Eligibility depends on income, resources, and other items.

You may be asked to provide proof of what you write on your application.

You may be asked to prove where you live and the amount of income you get. You may be asked to provide other information, such as paycheck stubs, bills, bank statements, tax returns, legal papers, etc.

You may be asked to give information about any medical insurance you or members of your household may have.

Every application must be followed by an interview, and must be accompanied by a diagnosis signed by child's doctor.

Information on race and sex is voluntary. It is used to make sure that benefits are provided without regard to race, color, or national origin. It will not affect your eligibility or benefit level.

East Texas Angel Network reserves the right to contact employers, physicians, hospitals, credit bureaus, etc.

East Texas Angel Network considers that information is confidential if it is used to determine a client's eligibility for benefits.

EAST TEXAS ANGEL NETWORK
PO BOX 9544
LONGVIEW, TEXAS 75608
903-297-9000/fax 903-759-7977
501C3 75-2594531

This form MUST BE FILLED OUT COMPLETELY BY YOUR CHILD'S DOCTOR.

Patient's Name: _____

Patient's Date of Birth: _____

Child's
***Diagnosis:** _____

Child's
***Prognosis:** _____

List any machines the child is dependent on:

- Suction
- Vent
- Feeding Pump
- IV
- Other: _____

Any surgeries in the past 6 months. Yes ___ No ___

Date _____ Reason _____

Any future surgeries scheduled. Yes ___ No ___

Date _____ Reason _____

Date Patient was last seen in your office: _____

For what reason: _____

Name of Doctor: _____

Doctor Signature: _____ **Date:** _____