



INSTRUCTIONS

1. Complete application legibly.
2. Sign attached Compliance Agreement.
3. Email completed application with signed forms to IMCAP@ilmason.org (other contact information in footer)

CHILDREN/YOUNG ADULT PERSONAL INFORMATION

Please list out all children and young adults 21 or younger below. Explain in the Request Overview Section which children have the request need.

Last Name	First Name	Middle
DOB	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Last Name	First Name	Middle
DOB	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Last Name	First Name	Middle
DOB	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address
Last Name	First Name	Middle
DOB	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address

Check the type of insurance coverage that applies towards the reason for application:

Name of Health of Insurance: _____ Name of Dental Insurance: _____
 No coverage No Dental Insurance :

Names and ages of additional children and young adults residing in home not listed above: _____

Do you have any children or young adults residing outside of the home? If yes, please list No Yes

PARENT/LEGAL GUARDIAN/OTHER ADULT INFORMATION Explain if Other Adult

Last Name	First Name	Middle	Suffix: (Jr/Sr)
Street Address <input type="checkbox"/> Address same as Applicant's	City	State/Zip	Length of current residence:
Email	Phone	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:			
Name & Location of Employer <input type="checkbox"/> NA			
Does Parent/Guardian have a disability or medical conditions? If yes, explain:			

PARENT/LEGAL GUARDIAN/OTHER ADULT INFORMATION Explain if Other Adult

Last Name	First Name	Middle	Suffix: (Jr/Sr)
Street Address <input type="checkbox"/> Address same as Applicant's	City	State/Zip	Length of current residence:
Email	Phone	Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:			
Name & Location of Employer <input type="checkbox"/> NA			
Does Parent/Guardian have a disability or medical conditions? If yes, explain:			

≡ MASONIC FAMILY AFFILIATION INFORMATION

Masonic Members Name:	Mason's DOB: <input type="checkbox"/> Not Known	Lodge Name & Number: <input type="checkbox"/> Not Known				
Relationship to child/young adult:	<input type="checkbox"/> Father	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Great-grandfather	<input type="checkbox"/> Uncle	<input type="checkbox"/> Other	<input type="checkbox"/> No Masonic Affiliation

≡ OVERVIEW OF NEEDS

1. Please provide information about the needs the child/children or young adult is experiencing that has created an unforeseen financial need or inability to meet basic needs without financial assistance at this time.

2. Do any of the children/young adult have a disability or medical diagnosis? If yes, provide details including name of child, type of disability/medical diagnosis, when diagnosed, recent treatments/surgeries, and special needs

3. What child or young adult needs or assistance should we be aware of related to this request? Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Grocery Assistance | <input type="checkbox"/> Clothes Assistance | <input type="checkbox"/> Therapy Expenses |
| <input type="checkbox"/> School Supplies | <input type="checkbox"/> Medical Expenses | <input type="checkbox"/> Evaluation Expenses |
| <input type="checkbox"/> Medical or Adaptive Equipment Cost | <input type="checkbox"/> Medication Expenses | <input type="checkbox"/> Counseling Expenses |
| <input type="checkbox"/> No computers in the home | <input type="checkbox"/> No internet access in Home | <input type="checkbox"/> Dental Expenses |
| <input type="checkbox"/> Cost of Extra-Curricular Activities | <input type="checkbox"/> Childcare Expenses | <input type="checkbox"/> Other: _____ |

4. Home situation: Own Home Rent Contract for Deed Homeless
 Other: _____

5. Have you asked for OR received assistance from other resources? Please explain.

6. How have the needs been taken care of up until now?

7. Additional Information

Person completing Application: _____ Relationship to child/young adult: _____

Signature of Person completing Application: _____ Date: _____

How did you hear about IMCAP: NA Family Member Mason IMOS Other:



IMCAP COMPLIANCE AGREEMENT

Illinois Masonic Children's Assistance Program

In consideration of being awarded assistance on behalf of yourself or your child, you agree that your participation in the Illinois Masonic Children's Assistance Program (IMCAP) Emergency Relief or Hand Up Program is voluntary and that there is no right to receive assistance nor does getting assistance create any relationship or right. IMCAP is a charity program and the decision as to whether a child or young adult once qualifies to receive assistance is at the sole discretion of IMCAP Board of Managers. Likewise, the amount or level of assistance, its terms and the length of that assistance is at the sole discretion of IMCAP. You agree to providing additional information if requested. In addition, you have the following Rights and Responsibilities through the IMCAP program.

You have the Right to:

1. Apply for these or future services provided by the IMCAP program.
2. Have your personal or family matters handled in a confidential manner unless a request is made otherwise or we are required by law to reveal them.
3. Be treated professionally, with dignity and respect throughout the entire process.

It is your Responsibility to:

1. Take advantage of governmental or other programs in which you or your children are qualified to participate.
 - Any recipient of financial assistance, who does not cooperate and participate in the available governmental or other programs, may be denied future assistance by the IMCAP program.
2. Contribute toward the cost of your or your child/children's current needs
3. Provide accurate and honest information including timely submission of financial documents and supplemental information.
4. Use the funds allocated by IMCAP to pay for expenses as outlined in the award letter.
 - It is important to remember that all financial assistance provided by IMCAP must be used for approved expenses only. Examples of misuse of financial assistance include, but are not limited to: buying a car or taking a trip.
5. Promptly inform the IMCAP program any significant change in your financial status.

You MUST inform IMCAP immediately if:

1. You or your child begin to receive benefits or income from additional sources such as child support, Veteran's Benefits, SSI or SSDI, or if you gain or lose employment or benefits.
2. You move to another location or living situation, or if someone else moves into or out of your residence.
3. You or child/children experience a serious life changing event, health issue or injury.

Agreed for on behalf of the child/children in my care as their parent(s) or legal guardian(s):

Signature of: Applicant if 18 years or older Parent(s) Legal Guardian(s)

Signed: _____ Date: _____

Signed: _____ Date: _____