



**ILLINOIS MASONIC CHILDREN'S ASSISTANCE PROGRAM
Specialized Learning Grant (SLG) Application**

Instructions: Parent/guardian will

- 1. Complete SLG Application**
- 2. Sign Compliance Agreement and Waiver**
- 3. Email completed application to IMCAP@ilmason.org**

Illinois Masonic Children's Assistance Program

APPLICANT PERSONAL INFORMATION			
Application Completed by:			
Last Name of Child	First Name	Middle	Suffix: (Jr, Ect.)
Street Address	City	State/ Zip	Email:
Phone:	DOB Age Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Child resides with:	
Name and Address of the School Attending:			
School Grade:	School Learning Accommodations: <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan	Type of Learning Disabilities:	
Number and ages of sibling residing in home with Applicant:			
INSURANCE COVERAGE INFORMATION			
Medical Insurance: <input type="checkbox"/> No coverage <input type="checkbox"/> Medicaid <input type="checkbox"/> All Kids			
<input type="checkbox"/> Health Insurance : Name of Provider and Contact Information _____			
<input type="checkbox"/> Other: _____			

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 Childs	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	
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	

SPECIALIZED LEARNING NEEDS OVERVIEW

- 1. Please provide information about your child's challenges impacting their learning.**

- 2. Information about Specialized Learning Program, Equipment, Software, or Professional Services requesting funding for:**
 - a. Name of Specialized Learning Provider/Organization:**

 - b. Email Address:**

 - c. Phone Number:**

 - d. Amount of Grant Funding requesting:**

 - e. Explain how the special learning program, educational software, or professional services will benefit your child's learning needs.**

 - f. Additional information about the services or program requesting funding for on behalf of your child's learning needs.**

- 3. What other factors should we be aware related to the Specialized Learning Grant request?**

- 4. Have you asked for or received assistance from other resources? Please explain.**

<p>5. How have the learning needs been managed up until now?</p>
<p>6. Do you have a connection to an Illinois Master Mason (father, grandfather, uncle, cousin, ect.)? Please list name and connection.</p>
<p>7. Comments or helpful details regarding your application:</p>

How did you hear about IMCAP's Specialized Learning Grant: Teacher Family Member Mason
 Other:

Person completing Application: _____ Relationship to Applicant: _____
Signature of Person completing Application: _____ Date: _____

Other Relevant Financial Information documentation may be required.
Please do not send until the IMCAP representative contacts you regarding your application.

- Teacher or professional service provider's referral if applicable.
- Attach IEP, evaluation, treatment plan or invoice/bill for services if applicable.



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) 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: Parent(s) Legal Guardian(s)

Signed: _____ Date: _____

Signed: _____ Date: _____



WAIVER AND RELEASE OF INFORMATION

Illinois Masonic Children's Assistance Program

In certain circumstances, the Illinois Masonic Children's Assistance Program (IMCAP) may need to consult with or release information to another individual or agency, or request information from another person, entity or organization. Therefore, on behalf of yourself, a young adult of legal age or a child applicant and their parent(s) or guardian(s) hereby waives confidentiality and allows the release of confidential information for this purpose by IMCAP to the Organization named below, and by the Organization to IMCAP.

Name of Organization: _____

Address of Organization: _____

Purpose of: _____

I, _____ and _____
undersigned child/young adult participant parent(s)/ guardian(s)

hereby waive the confidentiality due me by any laws or organizations of the State of Illinois or of the state in which I reside, regarding anything considered to be confidential or identifying information for the purposes of processing or continuing my application for assistance and/or providing ongoing maintenance, financial or otherwise. I understand that IMCAP may from time to time make payments on my behalf for credit to one or more of my accounts, and I hereby consent to such action on my behalf.

I authorize any third-party independent person, agency or entity, to provide IMCAP or its authorized representative, any and all financial, medical or other information pertaining to me, written or oral, which it may request, that is part of such third party's records, as fully as though I personally requested the same.

A photocopy, faxed, or scanned copy of this Waiver and Release of Information shall have the same force and effect as the original.

I understand that this waiver shall remain in full effect for one (1) year from the date signed below unless earlier revoked by me in writing received by IMCAP.

I understand that I may revoke this consent at any time by notifying IMCAP in writing. Revocation will be effective except to the extent that action has been taken in reliance on this consent.

Applicant Signature _____ Date: _____

Minor 12 -17 years of age may sign

Young Adult Applicant Signature _____ Date: _____

18 years of age or older

Parent or Guardian Signature _____ Date: _____

Parent or Guardian Signature _____ Date: _____

Witness: _____ Date: _____