

# **New Guidelines for a Successful Application**

**\*\*\*Please Read Before Applying\*\*\***

## **Who is eligible?**

**Single-working** parents with children between the ages of **five and fifteen years old** that are working a minimum of **thirty hours per week**. IF you meet these qualifications, Expect-A-Miracle will help pay for the extra-curricular programs of your children up to two hundred dollars per child per year. These programs include, but are not limited to:

- Tutoring;
- Organized Sports Fees;
- Park Programs
- School Activities (Field trips and class trips)
- Music, dance, or voice lessons
- Gymnastics

Please be aware that we are unable to provide assistance for daycare, uniforms, clothes, and registration fees.

## **How do I apply?**

Once you fill out the application completely, you can mail it into 1881 Rose Rd. Lake Zurich, IL 60047 with the required documents. You **may not fax it**, because we require original documents. The documents we require are:

### **-Original Pay Stub that shows the number of hours worked in a week-**

This pay stub must be from within the last month, and if it does not say the number of hours worked a letter from your employer is needed that says how many hours you work per week on average. The letter must be signed and on company letterhead. Copies of online pay stubs are also acceptable.

### **-Original Birth Certificate-**

This is to show that you are the child's parent and that the child is between the ages of five and fifteen, we return them shortly after the application is received. If you have applied before, your birth certificates may be on file and may not need to be sent again.

### **-Single Parent Letter-**

This letter needs to be written by you and must state you are a **single** parent and it must be signed.

### **-Information on the Program-**

You **must** send a flyer with the following information: telephone number, web site, or email address where we can verify the cost and legitimacy of the program you are applying for.

## **What happens after I apply?**

If anything has been left out of your application, a copy was sent, something was incorrect, or you do not qualify, everything will be sent back to you until you fix the error and we will stop processing your request. We require a sixty day processing period prior to the start date of the program; therefore we request you do not call to check the status until after sixty days have passed. You will receive a letter in the mail letting you know if you were approved or denied.

## **How can I make the process go faster?**

We currently verify the price of the program with the program you list, therefore if you include contact information, a price list, or even a website, it will make it easier for us to process your request. Also, calling before the sixty days has past hinders our ability to get through the applications as quickly as it takes time to locate your file before it has been fully processed.

**If you have any questions, please do not hesitate to call 847-545-1157, and please do not leave anything out of your application or it will be returned. Thank you for applying!**

# Expect a Miracle Application

No application will be considered for approval unless the following information is filled out completely. Remember to attach the necessary documents listed at the end of this application.

Parent or Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt No.: \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_

Parent's Phone Numbers:

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Please fill out information below:

Names (List everyone in household)	Age/ Birthdate (mm/dd/yyyy)	Gender	Racial /Ethnic Identity

## Assistance Information

Name of Child for Whom Assistance is Requested (Ages 5-15 Eligible)	Name of Program/ Dates of Program/ Total Cost	Name of organization to whom check should be endorsed. <u>We will not endorse checks to individuals.</u>

**Employer Information:**

Parent's Place of Employment: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer City/State/Zip Code: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Does employer have matching gift program? \_\_\_\_\_

Does employer have a charitable foundation? \_\_\_\_\_

**Income:**

Total monthly gross income of household: \_\_\_\_\_

Other forms of Assistance (Please list dollar amount received monthly):

TANF \_\_\_\_\_

Foster child income \_\_\_\_\_

SSI \_\_\_\_\_

SSDI \_\_\_\_\_

Medicaid \_\_\_\_\_

Free or reduced lunch, qualify? Y\_\_\_\_ N\_\_\_\_

Child support \_\_\_\_\_

Child care assistance (from sources such as Action for Children)

\_\_\_\_\_

Worker's Compensation \_\_\_\_\_

Unemployment \_\_\_\_\_

Alimony \_\_\_\_\_

Pension \_\_\_\_\_

Please attach the following documents to this application:

- Original birth certificates for all children for whom you are requesting assistance.
- Original and most recent pay stub, showing at least 30 hours of work per week.
- A short, signed statement, typed or hand written, indicating you are a single parent. Please also briefly tell us about your family and need for assistance.

**For Foundation Use Only: Do Not Complete This Section:**

**Date Application Received:** \_\_\_\_\_ **Date check mailed:** \_\_\_\_\_

**Date Approved/Denied:** \_\_\_\_\_ **If denied, reason:** \_\_\_\_\_