



THIS FORM MUST BE NEATLY PRINTED

GRANT REQUESTED FOR: [] MEDICAL EXPENSES [] MEDICAL EQUIPMENT [] OTHER _____ DATE: _____ PLEASE GIVE DISCRPTION

CHILD'S INFORMATION
Name: _____ Date of Birth: _____ Gender: [] Male [] Female
Ethnic Origin: [] Asian/Pacific Islander [] Black/African American/Caribbean [] Hispanic/Latino [] Middle East/Near East [] Native American [] White/European

YOU MUST SUBMIT WITH THIS APPLICATION A COPY OF YOUR VALID DRIVERS LICENSE OR PROOF OF ID/ADDRESS

PARENT OR LEGAL GUARDIAN INFORMATION ("PARENT A") Relationship to child: [] Mother [] Father [] Other _____
Name: _____ Marital Status: _____
Address: _____ Home Phone: _____ Cell Phone: _____
Employer: _____ Address: _____ Phone: _____

PARENT OR LEGAL GUARDIAN INFORMATION ("PARENT B") Relationship to child: [] Mother [] Father [] Other _____
(This section must be completed)
Name: _____ Marital Status: _____
Address: _____ Home Phone: _____ Cell Phone: _____
Employer: _____ Address: _____ Phone: _____

PLEASE LIST OTHER CHILDREN IN THE FAMILY:
•Name: _____ Date of Birth: _____ •Name: _____ Date of Birth: _____
•Name: _____ Date of Birth: _____ •Name: _____ Date of Birth: _____

MEDICAL INFORMATION
WE RESERVE THE RIGHT TO REQUEST MEDICAL RECORDS AND OR LETTERS FROM PHYSICIANS
Do you have Health Insurance? [] Yes [] No If yes, please provide the following information:
Name of Insurance carrier: _____ Name of Policy Holder: _____ State: _____
1. Name of Child's Physician: _____ Address: _____ Phone: _____
2. Name of Child's Physician: _____ Address: _____ Phone: _____
3. Name of Child's Pharmacist: _____ Address: _____ Phone: _____

FOR INTERNAL USE ONLY:
County: [] Richmond, NY [] Essex, NJ [] Hudson, NJ [] Middlesex, NJ [] Monmouth, NJ [] Ocean, NJ [] Union, NJ
APPLICATION # _____ DATE RECEIVED _____ DATE APPROVED/DENIED _____ GRANT ISSUED _____

PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION

THE INFORMATION PROVIDED WILL BE USED SOLELY FOR THE PURPOSE OF QUALIFYING THE APPLICANT FOR A GRANT FROM ECHO AND WILL BE KEPT STRICTLY PERSONAL AND CONFIDENTIAL.

SECTION A: RESIDENCE	SECTION B: ASSETS	SECTION C: LIABILITIES
Do you own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Account Balances \$ _____	Credit Card Balances \$ _____
If yes, Enter the value of your home: \$ _____	Investment Balances \$ _____	Personal Loans \$ _____
Deduct your outstanding Mortgage Balance \$(_____)	Other _____ \$ _____	Other _____ \$ _____
	Other _____ \$ _____	Other _____ \$ _____
Total Section A \$ _____	Total Section B \$ _____	Total Section C \$ _____

Calculate your NET WORTH

Enter the amount you listed in Section (A) above: \$ _____

Enter the amount you listed in Section (B) above: \$ _____

Add your amounts from Section (A) and Section (B): \$ _____

Deduct the amount you listed in Section C above: \$(_____)

THIS IS YOUR NET WORTH \$ _____

COMBINED HOUSEHOLD MONTHLY INCOME:	HOUSEHOLD MONTHLY EXPENSES: <small>Enter the amount you pay each month, excluding medical expenses.</small>	MONTHLY EXPENSES RELATED ONLY TO YOUR MEDICAL / LIVING EMERGENCY
Net Salary/Wages: \$ _____	Mortgage/Rent: \$ _____	E-Z Pass: \$ _____
Public Aid: \$ _____	Gas/Heating: \$ _____	Medical Insurance: \$ _____
Pension: \$ _____	Electric: \$ _____	Medical Bills: \$ _____
Disability: \$ _____	Water: \$ _____	Co-Pays: \$ _____
Grants: \$ _____	Telephone: \$ _____	Prescriptions: \$ _____
Food Stamps \$ _____	Cable TV: \$ _____	Lodging: \$ _____
Other Assistance: \$ _____	Cell Phone: \$ _____	Gas (Car): \$ _____
Other Income: \$ _____	Car Payments: \$ _____	Parking: \$ _____
	Car Insurance: \$ _____	E-Z Pass: \$ _____
	Gas (Car): \$ _____	_____ \$ _____
	Parking: \$ _____	Other _____ \$ _____
		Other _____ \$ _____
TOTAL \$ _____	TOTAL \$ _____	TOTAL \$ _____

How did you hear about ECHO?

Internet Search
 Advertisement: _____
(Please specify)
 Recommended by: _____
(Please list name and phone number)

Have you received financial assistance from any other organization? If so, please list name of organization, date of assistance and amount received.

REFERENCES:

PLEASE LIST 3 REFERENCES. PLEASE INFORM THE REFERENCES THAT THEY WILL RECEIVE A PHONE CALL FROM ECHO'S STAFF TO VERIFY YOUR APPLICATION

(1) _____ Name _____ Phone _____	(2) _____ Name _____ Phone _____	(3) _____ Name _____ Phone _____
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FOR INTERNAL USE ONLY: REFERENCE VERIFICATION

REFERENCE (1) VERIFIED – DATE: _____ REFERENCE (2) VERIFIED – DATE: _____ REFERENCE (3) VERIFIED – DATE: _____

PLEASE READ AND ACKNOWLEDGE BY INITIALING EACH PARAGRAPH AND SIGNING AT THE BOTTOM. THIS FORM MUST BE ALSO BE SIGNED BY WITNESS.

- _____ By signing below, I certify and represent that the information that I have provided for this Grant Application is true, accurate, complete, and not misleading.
- _____ I/We authorize Emergency Children’s Help Organization (ECHO) and its Agents to independently investigate and authenticate the truth and accuracy of any and all information provided.
- _____ Investigation and verification shall include but not be limited to, all information provided on the Grant Application, supporting letters, bank statements, invoices, primary resources, and field investigation with report thereof.
- _____ Additionally, I/we understand, agree, and consent to ECHO reviewing and discussing my Grant Application with supporting documentation to such third parties as ECHO determines necessary for the purpose of evaluation, investigation, and confirmation of the contents therein. Such third parties may include, but not be limited to ECHO’s Executive Committee, Board of Directors, accountant(s) and/or attorney(s).
- _____ Additionally, I/We understand, agree, and consent to ECHO, at its sole and absolute discretion, reporting or disclosing the contents of an investigation to a third party for the well-being of any individual involved.
- _____ I/We hereby indemnify and hold ECHO harmless from any and all claims relating to ECHO’s investigation of any aspect of the Grant Application and the Grant Application process.
- _____ I/We further understand, acknowledge, and agree that ECHO’s issuance of a grant is within its sole and absolute discretion. ECHO reserves the right to deny any Grant Application for any reason in its sole and absolute discretion. Each Grant Application shall be evaluated on the information provided. Previous grants do not guarantee or ensure the approval of a future grant. An individual(s) can only apply for one grant at a time and apply for only one grant during any consecutive twelve (12) month period.
- _____ Except as provided for herin and required by law, the ECHO Grant Application process is confidential.
- _____ Any funds received from the ECHO will be used for the specific reason stated and represented on the Grant Application. If personal items or medical items/supplies are purchased with funds received from the ECHO, I/we agree to indemnify and hold ECHO harmless from any negative effects thereof.
- _____ I/We consent to ECHO performing a criminal background check and performing a credit check, which shall include the ability to obtain a credit report.
- _____ I/We agree to provide ECHO with additional documentation which supports the information set forth in my/our application and understand that knowingly, willingly, and voluntarily. Providing ECHO with inaccurate information may result in ECHO’s commencement of legal actions against me/us to recover any grant which I/we receive along with ECHO’s costs of collection and reasonable attorney fees.
- _____ I/We have read and understand all of the aforementioned statements and representations.
- _____ I/We understand that I/we have the right to review all of the statements and representations contained herein with legal counsel. I/We have either taken the opportunity to so review with counsel, or have waived such right.
- _____ I/We knowingly, willing, and voluntarily agree to all of the aforementioned statements and proceed with the Grant Application and ECHO Application Process.
- _____ To expedite the Grant Application, scanned signature(s) or electronic signature(s) may be used instead of original signature(s). My/our scanned or electronic signature(s) and/or initial(s) will be deemed binding on me/us. I/We intend to be bound by such scanned or electronic signatures(s), and waive any defenses to the enforcement of the provisions of this Grant Application based on such scanned or electronic signature(s).

_____ Signature of Parent or Legal Guardian (“Parent A”)	Witnessed by: _____ Signature	_____ Address
_____ Date	_____ Print Name	_____ City State Zip
	_____ Date	

MEDIA PERMISSION

By submitting this application to ECHO I understand and agree that my and my co-applicant's name, image and/or likeness may be provided and/or disclosed to third parties, such as newspapers and other media organizations, for their publication and broadcast. I expressly authorize ECHO to provide and/or disclose my and my co-applicant's name, image and/or likeness to third parties, including media organizations, for their use and dissemination to the general public and agree to indemnify and hold ECHO harmless from any claims and damages arising there from.

Signature of Parent or Legal Guardian (“Parent A”) Date