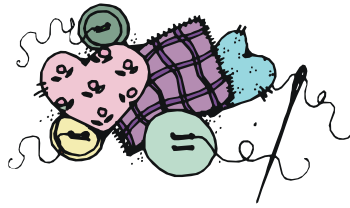


Opal's Embrace



5023 Granada Roeland Park, KS 66205
(816) 550-1588

Enrollment Application for Benefits

Research tells us that the first five years in a young child's life has a major impact on how they develop. It is important to have children learn and grow in an environment that is safe, secure, and stable to enable them to be successful in school and develop into productive citizens in our community. This organization has been established to help and support families with young children so that optimal growth and development can occur in their lives. Opal's Embrace will review your application and then proceed by referring your family to various other programs that are currently available in our community or find ways established by the organization to assist you. Specific guidelines have been set forth and will be reviewed upon submission of this application. These boundaries will include your families current financial situation, possible area of residency, analysis of family need, and ages of children involved. Priority will be given based on how critical the situation is. Special consideration will be given but not limited to families with children in foster care, teenage parents, families with special needs children, families from domestic violence, single parents, and grandparents caring for young children.

Please understand that Opal's Embrace is a charitable organization and may ask you to attend educational programs or request you to volunteer, but most of all we believe in working with families with young children and want to encourage you to find a way to give back when you are in a better situation. Non-profit organizations have many ways for help and support that don't have to involve monetary assistance.

Fill out the following information as completely as possible. The better we understand your situation the better we are able to work with you. Let us know if you need any help.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Are You:

Single Parent _____ 19 years old or younger _____ Have children 5 or younger _____ Have a child with special needs _____
Foster Parent _____ Grandparent/Relative caring for young children _____ Recently involved in domestic violence _____
Currently receiving financial assistance from other organizations _____ Which Ones _____

Please explain items checked in detail: _____

I understand the importance that all my information must be true and honest and that Opal's Embrace is a non-profit charitable organization that has limited funding and will choose families based on their specific situation and on a first come first serve basis. Completed applications do not guarantee assistance.

Signature: _____ Date: _____

A non-profit charitable organization committed to families with young children!



Benefits will be based on everyone who currently lives in your home. Tell us about your current situation using the following boxes for each person living in your residence.

First Name, Middle, Last Name	Relationship	Sex (M/F)	Birth Date	Social Security Number	Race	Are you a US Citizen?
	self					

Fill out the following section so we can understand your situation and know how and if we can assist you.

Expenses:

Is anyone in your household pregnant? _____ If yes, list name and due date. _____

Enter your current rent or mortgage amount _____ Enter your current monthly utilities amount _____

Enter your current car payment _____ Enter your current grocery bill _____

Do you or anyone in your household have any current medical expenses? _____ Enter amount _____

Medical Insurance expenses _____ Monthly medication expenses _____ Child care/Educational Fees _____

If you or anyone in your household has any unusual expenses not covered above please explain. _____

Is there anyone in your household that does not have medical insurance? _____

Household Income:

Enter your gross income expected from your employment each month _____

How often are you paid at your current job? _____

Other income not related to your job, alimony, or child support _____

Enter your household's money available in cash, checking and savings _____

Enter the amount of alimony or child support that you receive each month _____

Please explain any extenuating circumstances that effect your current financial situation _____

Monthly Totals:

Monthly Income _____ Subtract Monthly Expenses _____ Total _____

What is your plan to improve your currently financial situation? _____