



Clara Deenis Trust Application

Date:

Child's Name _____ DOB _____ Social Security # _____

Parent/Guardian Name _____ Phone _____

Address _____ City _____, IL Zip _____

Ethnicity _____ Gender: Female _____ Male _____ # in family: Adults _____ Ch _____

Household income sources: (Please list all sources – employment, Social Security, Disability, Child Support, etc.)

_____ Link card? yes ___ no ___ Medical card? yes ___ no ___

Child's disability/disabilities _____

Agency referral _____ Staff Member _____

Phone/Ext _____ Fax _____ Agency Client: yes ___ no ___

Detailed information about what you would need the Trust to assist you with including amount of funds requested and names of vendors Amounted requested \$ _____

What other sources of funding have you tried? (DRS, DSCC, DHS, TCOC, Medicaid, etc.)

Reason for need _____

By signing below you attest that the information provided above is true and correct.

_____/_____/_____ Date _____
Parent/Guardian Signature _____ Print Name _____

Witness _____ Date _____

FOR OFFICE USE ONLY

Approved amount _____	By _____	Date _____	Letter Sent _____
Check # _____	Date sent _____	Vendor _____	