



Instructions for Completing The Angel Fund Grant Application

- Application should be filled out by the person referring someone in need (referring Angel). This can be an agency professional, pastor, family, friend, etc.
- Complete all information on the application to the best of the referring angel's ability.
- Include all required documentation with your application.
- The referring Angel should sign and date page 4 of the application, the Referring Angel Intake Document.
- The proposed grant recipient should sign and date page 5 of the application, the Angel Fund Recipient Intake Document.

The more financial information you submit with your application, the easier it will be for our team to expedite your application process.

Once the application is complete, please email to:

angelfund@caringlikeangelsandheroes.com

or call 513-785-0687 (press 2 for Angel Fund) for more information.

Angel Fund Grant Application



To be filled out by the referring Angel:

Referring Angel _____ **Phone** _____

Referring Angel Email _____

Statement of Need

In the space provided below, please provide a statement of need and your relationship to the client.

Amount Requested * \$ _____

** If you are requesting help for specific bills, please attach a copy of those bills*

Angel Fund Application

PART I Proposed Recipient

Full name _____		Marital status _____	Home phone _____
DOB _____	Cell phone _____	Are you a Veteran? (Y/N) _____	
Email address _____			
Current address _____			
			How long? _____
Own or rent _____	Landlord's/owner's name and phone if applicable _____		
Partner's name _____		DOB _____	
Partner's phone/cell phone _____			
Dependent(s):			
Name	Age	School	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Are you currently employed? Yes ___ No ___

Proposed recipient's current or most recent employer _____

Dates of employment _____

Employer's address _____

Supervisor _____

Employer's phone number _____

Is your partner currently employed? Yes ___ No ___

Partner's employer _____

Dates of employment _____

Partner's employer's address _____

Partner's employer's phone _____

PART II Proposed Recipient Financial Information

Monthly Income

Salary (you) _____
 Salary (partner) _____
 Food Stamps _____
 Social Security _____
 Disability _____
 Unemployment _____
 Child Support _____
 Alimony _____
 Pension/Retirement _____
 Savings _____
 Workers Comp _____
 Veteran Benefits _____
 Tax Refund _____
 Family/Friends _____

Total Monthly Income _____

Monthly Expenses

Rent/House payment _____
 Food _____
 Heat/Gas/Electric _____
 Trash _____
 Water _____
 Phone (Home/cell) _____
 TV/Cable _____
 Health Insurance _____
 Doctor/RX _____
 Car/Car Insurance _____
 Credit Cards _____
 Misc. expenses _____

Total Monthly Expenses _____

Client on Pipp/Heap? Yes _____ No _____
 Client on Medicaid? Yes _____ No _____

PART III Other Assistance Requested and/or Received

Have you contacted any government, social services agencies, or other organizations for this assistance? Please indicate agencies contacted and any assistance given:

Agency	Assistance Given (Yes or No)	Amount Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Referring Angel Intake Document

It is important that you, as the Referring Angel, understand a few basic parameters that assist us in focusing our ability to help:

1. The Angel Fund can only give assistance one time.
2. The Fund assists only person(s) who live and/or work in West Chester or Liberty Township or who are registered members of an area church.
3. The Angel Fund provides help to those who are in extraordinary, urgent or unusual circumstances, and whose need cannot be fully addressed by any other charitable, governmental, religious or social services agency or organization.
4. The Angel Fund responds to individuals or families who are in need due to unforeseen events that do not result from competent recipient's personal acts of omission or commission or neglect so as to have self-created a need.
5. Assistance requires that the Angel Fund Committee do **due diligence** in investigating the need which may, and often does, require the following:
 - Time for assessing the situation and information gathering
 - Reviewing tax returns, w-2's, social security documents, eviction notices, or other pertinent documents that help describe the referred person's financial status, etc.
 - Signing up for local services such as SELF, Reach Out Lakota, etc.
 - Speaking with employers, social workers, and/or others who are close to the situation.
6. Assistance may or may not be financial, and may also include the referral of the Proposed Angel Fund Recipient(s) to other agencies that are better suited to help in a particular situation.
7. Assistance cannot be given in the following instances:
 - Legal fees, fines, court costs.
 - Payment of over-due medical bills.
 - Scholarships, educational grants, tuition.

I have read this statement and understand the parameters for Angel Fund assistance.

Referring Angel's Signature

Date

Angel Fund Recipient Intake Document

It is important that you, as the Proposed Angel Fund Recipient, understand a few basic parameters that assist us in focusing our ability to help:

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2. The Fund assists only person(s) who live and/or work in West Chester or Liberty Township or who are registered members of an area church.
3. The Angel Fund provides help to those who are in extraordinary, urgent or unusual circumstances, and whose need cannot be fully addressed by any other charitable, governmental, religious or social services agency or organization.
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 - Scholarships, educational grants, tuition.

Disclaimer (please sign below):

"I verify that all information put forth on the Angel Fund application is true to the best of my knowledge and that any representation of any information, verbal or written, may disqualify me from receiving assistance from the Angel Fund. I understand that not everyone receives assistance and that each case must be investigated and approved by the volunteer members of the Angel Fund Advisory Board. I give my consent to the Angel Fund members to verify my employment and living status, including but not limited to viewing any relevant personal documentation such as W2 Forms, pay stubs, Federal Tax Returns and making phone calls to check on the personal circumstances represented here."

I have read this statement and understand the parameters for Angel Fund assistance.

Proposed Angel Fund Recipient's Signature

Date