



Exceptional Children's Charities
Application for Assistance
Mail to P.O. Box 366, Steger, IL 60475

Date _____ Referred By _____

Applicant-(Parent or Guardian) Name _____

Home Address _____ City, State, Zip _____

Relation to Recipient _____ Number of Children at Home _____

Phone Number _____ Email Address _____

Date of Birth _____ Place of Birth _____

Occupation _____ Spouse's Occupation _____

Family Approximate Annual Income _____

Recipient-Child's Name _____ Age _____ Male _____ Female _____

Address _____ City, State, Zip _____

Recipient's Diagnosis _____

Are you currently getting financial assistance from other sources? _____ If so, from whom and how much? _____

Are there any pending lawsuits regarding Recipient? _____ Explain: _____

Request _____

Approximate Cost: \$ _____

If more room is needed, please use back side of application.

The undersigned certifies that the above information is accurate and complete and agrees to hold harmless ECC, its Officers and Board of Directors for any matter in relation to assistance requested or given to applicant or recipient.

Signed _____

Date _____