



Adapt & Overcome

Adapt and Overcome members, regular attendees and people in our local community may apply for short term financial assistance from us.

Adapt and Overcome only assists with short-term and emergency needs. We do not provide long-term or repeated assistance. We will not assist with bills more than 60 days in arrears, child support, medical bills, unsecured loan payments, taxes, legal expenses, or any expense that is not an objective verified need.

Applications are available online at the Adapt and Overcome webpage:

www.adaptandovercomenonprofit.org.org

Steps in Applying for Financial Assistance

Follow these steps to apply for assistance.

1. Complete the Application.

- a. Read the cover page before filling out the application.
- b. Gather all documentation to accompany the application before submitting.

Incomplete application will not be processed. If you omit any information or documentation, the application could be delayed or not processed. All personal and financial information obtained by Adapt and Overcome will be kept in strictest confidence.

2. Return completed application along with required documentation either via email or to the meeting with the board of directors or the donation committee.

- a. Bring a government issued photo ID for identity along with a color copy
- b. Bills in the same name of the person providing identification

Only bills that are in the name of the person providing identification will be considered.

3. Waiting Period.

- a. No questions will be answered during the processing time.
- b. Allow at least a week to review and verify the information you provided.
- c. A member of the board of directors will contact you using the contact information from your application.
- d. Primary means for contact is e-mail.

If you do not have e-mail, you must provide a telephone number where you can always be reached.

4. Instructions.

Applicant may be asked to meet with:

- a. Adapt and Overcomes' Board of Directors or the donation committee as part of the consideration process

Please be on time for any appointments. If there is a need to cancel please attempt to give a 24 hour advance notice.



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5. Notification to applicant.

By a Board of Director Member

- a. E-mail (primary)
- b. Letter (If no email)

If the Board of Director's determines at any point in the process that they cannot provide assistance, you will be notified that "Adapt and Overcome cannot assist you at this time." No further information will be given.

At no point in this process does Adapt and Overcome promise or guarantee that assistance will be provided to you. If assistance is approved it will be in the form of a check made out to the vendor, landlord, or other service provider – not to an individual or applicant. **No cash** will ever be given.

The Adapt and Overcome interview process and committee consideration often requires probing, detailed, difficult, and potentially uncomfortable questions and analysis of the applicant's personal situation and spending habits. Applicants should be prepared for this potentiality.

Have Questions?

If you have more questions about financial assistance, please send an email to info@adaptandovercomenonprofit.org



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**Attention: Please read this entire page
before filling out the application.**

If you do not provide what information is needed, we cannot help you.

- **ADAPT AND OVERCOME CANNOT GIVE ANY IMMEDIATE HELP.**
Allow up to 2 weeks for processing and please understand that we cannot guarantee anything.
- Any bill submitted must be due in the current month.
- **WE CANNOT ACCEPT ORIGINAL BILLS** – YOU must provide copies. Please bring a color a color copy of your driver's license.
- **WE WILL NOT PROCESS AN INCOMPLETE APPLICATION. Please check to be sure you have completed every page.**

It is your responsibility to provide proper documentation. We will not consider anything that is not listed on page 4 as a "Need." The amount listed must match exactly the amount on the bill. Do not estimate or round off the amount.

You must attach copies of official, current statements or bills giving the exact amount due and the name and address of the payee for every item listed as a need.

Please be sure that any online account printouts also have the amount due and name and address of the payee are clearly printed on them.

Otherwise, we will not consider them.

You will be notified of the next step if your application is complete.



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Today's date*:

Your Name*		
Your Address*		
City*	County*	State
Zip Code		
How long have you lived there?	Years:	Months:
E-mail Address*		
Phone* Home:	Work:	Cell:
Date of birth:	Gender: M F	Marital Status:

E-mail is our primary means of communicating with you. If you do not have e-mail, please provide a phone number where you can always be reached

Other adults (over 18) living at your address ²

Name *	Relationship to you *	Release? *

² Each adult must complete and sign a Release Authorization. Attach release forms to the application.

List of all persons under 18 living at your address *

First & Last Name	Sex	Age	Grade	Employment or School	Relationship to Applicant

If more than four adults are in the household, please provide their information on a separate page.

How did you hear about Adapt and Overcome?	
Who referred you to Adapt and Overcome?	Phone
Have you or anyone listed above ever received help from Adapt and Overcome?	
If yes, when? And for what need?	
Does anyone at Adapt and Overcome know your situation?	
If so, who?	May we contact them?



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Employment History *

Is anyone in your household unemployed due to disability?

Is anyone in the household receiving disability benefits?

Please list you and your spouse's present and past employment*

	Place of employment Name & City	Full or Part-time	Dates of employment	Current or Previous	Reason for leaving
You					
You					
Spouse					
Spouse					

Please list current employment of other adults in the household *

	Individual's Name	Employer Name & City	Full or Part-time	Dates of employment	Reason for leaving
1					
2					
3					
4					

List any significant illness, injuries, or handicaps that prevent you from working:

To determine how and / or if we can be of assistance, please provide us the following information. (Use additional separate page if necessary.)

If you are requesting a bill payment, please supply a copy of the bill(s). (Copies only)

What is your need today and what specific help are you requesting?

A. Need (Example: Electricity bill)	B. Provider (Example: Wisconsin Public Svc)	C. Amount (Example: \$153.85)



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What is the crisis or situation that has caused you to ask for assistance? *

If assisted by Adapt and Overcome, how will you pay for next month's rent, utilities, etc.? *

Have you filed for bankruptcy before? Please provide details and circumstances. *

Monthly Household Income *

Sources	Recipient	Amount	Documentation
Wages/Salary			
Wages/Salary			
Wages/Salary			
Wages/Salary			
Social Security			
SSI Disability			



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VA Disability			
Retirement			
Food Stamps			
Family			
Friends			
Unemployment			
Workers Comp			
Child Support			
Other Agencies			
Any other Income			
Total Monthly Income			
	Assets		
Checking Account Balance			
Savings Account Balance			
IRA/Retirement Fund Balance			
Stocks, Bonds, CD's, Mutual Funds		Loan Balance (Still owed)	Net Asset Value
Value of Car 1			
Value of Car 2			
Value of House			
Other Vehicles			
Other Vehicles			
Misc. Other Assets			

Do not include highlighted amounts in the monthly totals.



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Monthly Expense Report *

Expense Category	Monthly Payment	Current Amount Due	Percent of Income	Bill Attached
Rent / Mortgage				
Utilities: Electricity				
Utilities: Gas				
Utilities: Water				
Utilities: Cable / Internet				
Phone / Cell Phone				
Car Payment 1				
Car Payment 2				
Gasoline				
Auto Insurance				
Home / Renters Insurance				
Health Insurance				
Groceries				
School Lunches				
Medical				
Child Care				
Child Support				
Consumer Loans: (Balance \$_____)				
Credit Cards: (Balance \$_____)				
Memberships (Gym, Spa, etc.)				
Other Expenses (Explain purpose)				
Total Monthly Expenses				



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Assistance by others *

Have you been assisted by any other church/agency/organization? Please list all churches, agencies, or organizations you have contacted for assistance. Provide the agency name and the name/phone number of the person you contacted.

Churches/Agencies/Organizations Contacted *

I.	Church / Agency: Person contacted:	Phone:
II.	Church / Agency: Person contacted:	Phone:
III.	Church / Agency: Person contacted:	Phone:

Landlord/Mortgage Contact Information *

Name of Apartment/Mortgage Company: Phone:
Mailing Address:
Contact name:

Before you bring in or mail your completed form, make sure you have attached the following documents to the application *in this order*:

- A color photocopy of the driver's license or other photo ID for every adult living at your address.
- A completed and signed **Release Authorization** for every adult living at your address.
- Photocopies of current (less than 30 days old) bank statements, unemployment or Social Security statements, or pay stubs to verify income for every adult living at your address.
- Photocopies of current (less than 15 days old) bills that you want considered.
- If you are requesting rent assistance: a photocopy of your lease agreement and a copy of the statement reflecting the current balance including late fees.



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I hereby authorize the release of information necessary for this application to Adapt and Overcome, (A&O), so A&O can process my request for assistance.

I certify the information I have stated is true and correct and that all income is reported.

I understand A&O may verify the information on this application and that deliberate misrepresentation of information may subject me to denial of assistance.

I give A&O permission to discuss my case with other agencies, businesses, churches, attorneys, individuals, and any others deemed necessary to verify application information and/or identify additional sources of assistance. I understand that all information will remain as private as possible within these entities.

I UNDERSTAND THAT THE ASSISTANCE INTERVIEW PROCESS MAY INVOLVE POTENTIALLY UNCOMFORTABLE QUESTIONS AND ANALYSIS OF MY SITUATION AND SPENDING HABITS.

**** I have read, understood, and agree to the policies above regarding the use of my personal information and the potential for discomfort in the assistance process.***

Signature * _____

Date * _____

RELEASE AUTHORIZATION

EACH APPLICANT MUST COMPLETE THE FOLLOWING (please complete this form for every adult living in the home):

- I. In connection with my request for assistance application, I understand that a report or an investigative background check may be requested that will include information as to my identity, character, personal and financial history, experience, and reasons for termination of past employment. I understand that as directed by Adapt and Overcome policy, you may be requesting information from public and private sources about my: workers' compensation, Social Security benefits, driving record, court record, education, finances, and references.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disability Act (ADA) and or any other applicable state laws. Applicants are entitled to know if financial assistance is denied because of information obtained by Adapt and Overcome from a reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state, and county agencies.
- IV. **I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Adapt and Overcome or its agent, to furnish the information described in Section 1.**



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The following is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purpose. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the request for or release of any of the above mentioned information or reports.

Please print your full name above:

Last
Middle

First

Please print other names you have used (above)

Print Home Address (above) (include house number and apartment number in applicable and Street)

City

State

Zip Code

Social Security Number

Date of Birth

Driver's License Number

State issuing License

Name as it appears on the license