



Eagle Mount Financial Assistance Application Packet

Eagle Mount Billings is a proud provider of opportunities in recreation enhancing the lives of children and adults with disabilities. The activities offered are made possible by more than 500 volunteers. The annual budget for activities and adaptive equipment comes entirely from the community and the nominal fees charged for the various programs.

Financial Assistance monies are available per budget for each program offered. It is our desire to serve as many participants as possible with the limited monies available. A Financial Review Committee has been developed to review financial assistance requests. They will review the information received, and determine the amount of assistance available based on need as well as monies available for a particular program. Seldom will we be providing 100% Financial Assistance for a program. Ideally, a partial award will be made, allowing us to provide assistance to a larger number of participants.

Attached you will find the application for Financial Assistance. Complete and concise information is appreciated, as it will provide a true picture of your need. A "*Financial Assistance Application*" is to be completed for each program and will be reviewed on a semi-annual basis.

Should you have question regarding any of our programs or the application process, please feel free to contact any member of the office staff at 245-5422.

Please complete and submit this Financial Assistance Application form two weeks prior to the program start date. The Financial Assistance Committee will review your application for financial assistance to help pay the program fee. The Committee will make the decision and the amount of award prior to the start of the program. Incomplete or late applications will result in the participant paying the full program fee prior to the program start date. A refund will be issued if a later financial award is made by the Committee.

Financial Assistance Application



Submit completed application to: **Eagle Mount**
 2822 3rd Avenue N, Ste 203
 Billings, MT 59101

TO MAKE SURE YOU RECEIVE FULL CONSIDERATION, PLEASE COMPLETE EACH ITEM LISTED.

FAMILY INFORMATION

Participant Name: _____ Date of Birth _____
 SS# _____ Married ___ Unmarried _____ Separated _____
 Address: _____
 City/State/Zip: _____
 Phones: (Home) _____ (Work) _____

Responsible Party if Participant is under 18: _____
 Participant Monthly Income _____ Total Household Monthly Income _____
 Do you: Own _____ Rent _____ your home.

Information on other household members:

Name	Relationship	Age	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do any of the above listed members of your family have a special need? _____ Yes ___ No
 If yes, please explain: _____



WORK INFORMATION

Is participant working now? Employer _____

Participant's employer/address/phone? _____

Is caregiver family member(s) working? Employer _____

Caregiver/Family's employer/address/phone? _____

Please list all working adult members of your household other than those listed above:

FINANCIAL INFORMATION

If you have money saved, where do you keep it?

<u>Name on Account</u>	<u>Bank/Credit Union</u>	<u>Checking/Savings</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you own land? _____ If so, where is it located? _____

Other sources of income earned or unearned. (For instance: Food Stamps, TANF, Social Security, SSI, child support, and disability)

How long do you expect this income source to continue? _____

<u>Name</u>	<u>Type of Income</u>	<u>Monthly Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Foster Caregiver stipend _____ for each foster child, please.

Is anyone assisting you with your housing/rental costs (i.e., Section 8, HUD, church, etc.)?

yes ___ no ___ If yes, who and how much? _____



Who does your family owe money to? (Loans/Bills you have to repay to other people/companies.) Include credit card payments, school loans, medical bills, car payments, etc.

<u>Name</u>	<u>Balance</u>	<u>Monthly Payment</u>	<u>What for</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your monthly expenses:

- Rent: Amount you pay _____
- Amount paid by others (e.g. church, housing assistance, family) _____
- Food _____ (Costs above what food stamps cover)
- Day care _____
- Utilities (Heat, water, electricity and phone) _____
- Do you use LIEAAP (Low Income Energy Assistance)? _____
- Other telephone (cell phone, internet charge) _____
- Insurance (Life, car, health) _____
- School (supplies/activities) _____
- Clothing _____
- Medical bills/prescriptions/Co-pays _____
- Child support you pay _____
- Other expenses _____

Is there anything else that you would like to tell us about your family or situation?



CERTIFICATION

I/WE CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT FALSE OR MISLEADING INFORMATION MAY BE GROUNDS FOR REJECTION OF MY/OUR APPLICATION. FURTHERMORE, I/WE UNDERSTAND THAT THE APPLICATION DOES NOT GUARANTEE THAT I/WE WILL RECEIVE FINANCIAL ASSISTANCE THROUGH EAGLE MOUNT.

ALSO, BY SIGNING THE ATTACHED RELEASE OF INFORMATION, I/WE GIVE PERMISSION TO EAGLE MOUNT TO CHECK ANY ALL REFERENCES INCLUDING, BUT NOT LIMITED TO, MY/OUR EMPLOYERS AND CREDITORS LISTED IN THE APPLICATION.

(Participant)

(Family/Caregiver if under 18)

(Date)

(Date)

RELEASE OF INFORMATION

I/WE GIVE PERMISSION TO EAGLE MOUNT BILLINGS TO CHECK ANY AND ALL REFERENCES INCLUDING, BUT NOT LIMITED TO, MY/OUR EMPLOYERS, COMMUNITY RESOURCES, ENTITLEMENT PROGRAMS AND CREDITORS. I/WE AUTHORIZE EAGLE MOUNT BILLINGS TO PERFORM AN IN-DEPTH STUDY TO DETERMINE MY/OUR ACTUAL NEED AND ABILITY TO PAY FOR PROGRAM EXPENSES.

(Participant)

(Family/Caregiver if under 18)

(Date)

(Date)

ALL APPLICATIONS MUST BE SIGNED AND DATED. INCOMPLETE APPLICATIONS WILL BE RETURNED.