

CYI Support Services Fund

Return to: Project Everlast,
7101 Mercy Rd., Suite 106, Omaha, NE, 68106
or Email gfulkerson@nebraskachildren.org

Applications must be filled out by the person requesting funds. Exceptions may be made due to disability if stated on the application. Applications will be reviewed as received. Please allow up to 15 business days for review and processing of applications if they are filled out completely. **Questions:** Call Glenda Fulkerson at 402.384.4670

Please remember you will be required to prove that you spent the money the way you requested - this will be done by providing a receipt to Project Everlast. Fill this form out to the best of your ability and knowledge before turning it in to Glenda Fulkerson.

General Information

Total Amount Requesting \$ _____

Preferred Name: _____ Pronouns: _____

Full LEGAL Name (first and last): _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Alternative Phone: _____

Email address: _____

If approved, please write down the address we should mail it below:

Same address as above? YES or NO _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender

____ Male ____ Female ____ Trans/Transgender ____ Another gender: _____ ____ Prefer not to say

Race: Please check all that apply

____ Black/African American ____ Hispanic/Latino ____ White/Caucasian ____ Asian ____ Prefer not to say

____ Native Hawaiian/Other Pacific Islander ____ Native American/Alaskan Native ____ Other _____

Background Information

Are you pregnant or expecting a child? (check ONE)

____ Neither expecting a child or parenting ____ Expecting a child

____ Both expecting a child and parenting ____ Parenting ____ Prefer not to say

What is your current living situation?

____ Family ____ Friends ____ Relatives ____ On own ____ Foster home ____ Homeless ____ Other _____

Is this living situation one you will remain in for at least 6 months? YES or NO _____

If not, please explain why: _____

Financial Information

Are you getting assistance from other programs or resources in the metro area? YES or NO _____

If yes, please explain where: _____

Are you currently employed? YES or NO _____

If yes, where are you working? _____

How many hours do you work in one week? _____

If not, when were you last employed? _____

How long did you work at your last job? _____

Are you currently enrolled in school? (GED, high school, college, etc.) YES or NO _____

If yes, what school are you attending? _____

Current Monthly Budget

FIXED EXPENSES

- _____ Rent
- _____ Utilities
- _____ Cell Phone
- _____ Internet
- _____ Car Payment/Lease
- _____ Gasoline/Bus Tickets
- _____ Car Insurance
- _____ Child Care
- _____ Groceries

Total Monthly Income: \$ _____

Total Monthly Expenses: \$ _____

Money left over each month: \$ _____

Applicant Statement

Please describe your need in detail, including specific amount you request, sustainability plan, and why you are unable to meet this need. In the sustainability plan include how you plan to manage this need in the future. The more information you provide, the more helpful it will be for the committee to review and approve your application. **You must provide documentation for each request.**

*If approved checks will be mailed on the 15th and the last day of the month, please plan accordingly.
 I certify all information on this application is true, complete, and accurate. I understand any information given falsely or withheld may make me ineligible for consideration or award. I understand that funds must be used for the purpose stated on this application and that I will be required to submit proof of purchase. I also understand that money received through the Support Services Fund is considered income by the IRS and must be reported for tax purposes.

Applicant Signature _____ **Date** _____

Office Use Only:

Approved Yes No Date Approved: _____ Date Paid: _____ Amount Paid: _____ Funding Budget: _____

Housing Utility Bills Employment Education Health Care Transportation Parenting Needs Other: _____