



At Cops for Kids, Inc., we strive to provide assistance to those in need. To consider your request, please provide the following information. This form will be kept in the strictest of confidence and will not be shared with any other agencies. Each request is evaluated on individual needs but submission of this request does not guarantee assistance will be provided.

Applicants Name \_\_\_\_\_  
 Referring Agency \_\_\_\_\_ By \_\_\_\_\_  
 Address of Agency \_\_\_\_\_ Tele \_\_\_\_\_  
 Fax \_\_\_\_\_ Email \_\_\_\_\_

**FAMILY INFORMATION**

Father's Name \_\_\_\_\_ Live with children YES \_\_\_ NO \_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Drivers License \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Employer \_\_\_\_\_ Tele # \_\_\_\_\_ Yrs. Employed \_\_\_\_\_  
 Prev. Employer \_\_\_\_\_ Tele # \_\_\_\_\_ Yrs. Employed \_\_\_\_\_

Mother's Name \_\_\_\_\_ Live with children YES \_\_\_ NO \_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Drivers License \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Employer \_\_\_\_\_ Tele # \_\_\_\_\_ Yrs. Employed \_\_\_\_\_  
 Prev. Employer \_\_\_\_\_ Tele # \_\_\_\_\_ Yrs. Employed \_\_\_\_\_

**FAMILY INCOME**

Father \$ \_\_\_\_\_  
 Mother \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 AFDC \$ \_\_\_\_\_  
 EDD \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_  
 Roomates \$ \_\_\_\_\_  
 Foster Care \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**FAMILY EXPENSES**

Monthly Rent \$ \_\_\_\_\_  
 Electricity \$ \_\_\_\_\_  
 Water \$ \_\_\_\_\_  
 Gas \$ \_\_\_\_\_  
 Telephone \$ \_\_\_\_\_  
 Cell Phones \$ \_\_\_\_\_  
 Cable/Satellite \$ \_\_\_\_\_  
 Auto Payments \$ \_\_\_\_\_  
 Credit Cards \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**YOU MUST INCLUDE VERIFICATION OF INCOME AND EXPENSES**

Previous Cops for Kids Assistance \_\_YES \_\_NO Food Stamps \_\_YES \_\_NO

Agencies currently assisting family:

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

**CHILDREN AND DEPENDENT INFORMATION**

# OF Children at home \_\_\_\_\_

Names: (First and Last)	M or F	Age	School of Attendance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**REQUESTED ASSISTANCE**

- Emergency Housing
- School Transportation Funds
- School Supplies
- School Activity Costs
- Student Tutoring
- Other \_\_\_\_\_
- Emergency Food
- Child Medical Needs
- Youth Sports Fees
- Youth Counseling
- Emergency Auto Repairs (Special)

**EXPLAIN EACH REQUEST FOR ASSISTANCE IN DETAIL BELOW**

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