

# **Champions Do Overcome**

An Ohio Nonprofit Corporation

## **Application for Aid Waiver and Consent**

Champions Do Overcome (hereafter, "CDO") exists to provide awareness, relief, support, and bring smiles to children and their families in the community who are battling cancer. CDO is committed to doing everything its power, with the strongest passion, to bear much needed relief and assist the lives of these families. The organization's core values of integrity, optimism, kindness, and sincerity will be demonstrated by all of its member and supporters. It is our goal to become a gateway to a new, stress free, and love filled cancer battle.

Sometimes the help CDO will provide is financial, and often it can be utilized for the payment of medical expenses. The nature of CDO's decision-making process necessarily requires those we support to provide access to sensitive financial and medical information. This document shall serve both as your application for support, and also your consent for the organization to have access to your private information that is relevant in our decision-making process.

If selected for support, there may be times and circumstances, which we will inform you about, that may require us to verify certain things or to consult with other agencies or people to get you the help you need. Thus, we ask you to allow us to talk to these sources about the information you provide us in this application. We need your permission to do so. We request that you read the below waiver of confidentiality and consent to our limited use in disclosing that information solely to determine whether we can assist you.

### **Waiver of Confidentiality and Consent**

I (We) certify, under penalty of disqualification for support, that the information on this application and the statements made are true, correct and complete to the best of my (our) knowledge and ability. I (We) certify that all income, expenses and assets for this application have been reported on this application.

I (We) authorize CDO to make any investigation and contacts concerning me (us), or other members of my household, which is deemed necessary to determine program eligibility for any assistance and/or benefits I (we) are requesting, have received or will receive under programs administered by CDO.

I (We) authorize the release of information related to the assistance I (we) have requested by CDO or its representatives. I (We) authorize CDO to obtain and exchange information related to my (our) application in order to participate in its programs. The release of information shall be in effect while I am (we are) an applicant or recipient of assistance and/or benefits.

I (We) understand that CDO provides financial and in-kind assistance at its discretion and only when possible. Completion of this application, waiver and consent is no guarantee that I (we) will receive assistance.

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Applicant Signature

Date Signed

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Spouse/Significant Other Signature

Date Signed

**Personal/Family Information:**

Applicant Date of Birth: \_\_\_/\_\_\_/\_\_\_

Male: \_\_\_ Female: \_\_\_

Spouse/Significant Other Date of Birth: \_\_\_/\_\_\_/\_\_\_

Male: \_\_\_ Female: \_\_\_

Applicant Phone: \_\_\_\_\_

**Members Living in Applicant's Household:**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you have any pet(s)? (circle one) YES NO If yes, how many?

\_\_\_\_\_

If yes, what kind(s) of pet(s):

\_\_\_\_\_

Do you have any relatives living within: 10 Miles 25 Miles 50 Miles 100+ Miles

If yes, Name of Relative(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Address of Relative(s): \_\_\_\_\_

\_\_\_\_\_

Telephone of Relative(s): \_\_\_\_\_

\_\_\_\_\_

### **Housing Information**

Do you RENT/OWN/Other? (Circle one)

Length at current address: \_\_\_\_\_ MONTHS/YEARS (circle one)

House ( ) Apartment ( ) Mobile Home ( ) Rent to Buy ( ) HUD Housing ( )

Name of Applicant's Landlord: \_\_\_\_\_ Landlord Telephone: \_\_\_\_\_

Landlord's Address:

\_\_\_\_\_

Have copy of lease? \_\_\_\_ Yes \_\_\_\_ No

### **Assistance Needed**

I request assistance for (include reason assistance is required): \_\_\_\_\_

\_\_\_\_\_

Please list all agencies to which you have applied and result: \_\_\_\_\_

\_\_\_\_\_

Were you referred to CDO? \_\_\_\_ Yes \_\_\_\_ No If yes, by whom? \_\_\_\_\_

**Applicant Monthly Income**

**Spouse/Significant Other**

Employment:           \$ \_\_\_\_\_

\$ \_\_\_\_\_

Retirement:        \$ \_\_\_\_\_

\$ \_\_\_\_\_

Social Security:     \$ \_\_\_\_\_

\$ \_\_\_\_\_

SSI:                    \$ \_\_\_\_\_

\$ \_\_\_\_\_

SSD/Disability:     \$ \_\_\_\_\_

\$ \_\_\_\_\_

Unemployment:     \$ \_\_\_\_\_

\$ \_\_\_\_\_

Cash Assistance:    \$ \_\_\_\_\_

\$ \_\_\_\_\_

Child Support:      \$ \_\_\_\_\_

\$ \_\_\_\_\_

Alimony:             \$ \_\_\_\_\_

\$ \_\_\_\_\_

Pension:             \$ \_\_\_\_\_

\$ \_\_\_\_\_

Food Stamps:        \$ \_\_\_\_\_

\$ \_\_\_\_\_

WIC:                   \$ \_\_\_\_\_

\$ \_\_\_\_\_

Other:                 \$ \_\_\_\_\_

\$ \_\_\_\_\_

**TOTAL COMBINED INCOME:**                    \$ \_\_\_\_\_

**Household Monthly Expenses**

Rent/Mortgage:      \$ \_\_\_\_\_

HUD Housing:        \$ \_\_\_\_\_

Electric:             \$ \_\_\_\_\_

Telephone:          \$ \_\_\_\_\_

Cell Phone:         \$ \_\_\_\_\_

Heating Gas/Oil:    \$ \_\_\_\_\_

Water/Sewer:        \$ \_\_\_\_\_

Groceries:           \$ \_\_\_\_\_

Internet:            \$ \_\_\_\_\_

TV/Cable/Satellite: \$ \_\_\_\_\_  
 Trash: \$ \_\_\_\_\_  
 Credit Card(s): \$ \_\_\_\_\_  
 Child Support: \$ \_\_\_\_\_  
 Alimony: \$ \_\_\_\_\_  
 Auto Loan: \$ \_\_\_\_\_  
 Auto Fuel: \$ \_\_\_\_\_  
 Auto Insurance: \$ \_\_\_\_\_  
 Other Loan: \$ \_\_\_\_\_  
 Home Insurance: \$ \_\_\_\_\_  
 Health Insurance: \$ \_\_\_\_\_  
 Pet Expenses: \$ \_\_\_\_\_  
 Medical Bills: \$ \_\_\_\_\_  
 Fines: \$ \_\_\_\_\_  
 Past Due Monthly Bills: \$ \_\_\_\_\_  
 Clothing: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

**TOTAL COMBINED EXPENSES:** \$ \_\_\_\_\_

**INCOME MINUS EXPENSES:** \$ \_\_\_\_\_

**Applicant/Significant Other Combined Asset Inventory**

Do you own a vehicle, boat, motorcycle, ATV, etc.? (circle one) YES NO

How many? \_\_\_\_\_

Year: \_\_\_\_\_ Year: \_\_\_\_\_ Year: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Make/Model: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Amount Owed: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

Do you have any retirement funds/savings? (circle one) YES NO

How much? \_\_\_\_\_

Do you have other assets valued at \$1,000 or more? (circle one) YES NO

How much? \_\_\_\_\_

**Applicant Employment History**

*Employer 1 (current or most recent):*

\_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Employer Telephone: \_\_\_\_\_

Job Duties/Responsibilities:

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

*Employer 2 (before current or most recent):*

\_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Employer Telephone: \_\_\_\_\_

Job Duties/Responsibilities:

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

When was the last time you applied for a job? \_\_\_\_\_ Where? \_\_\_\_\_

**Spouse/Significant Other Employment History**

Employer 1 (current or most recent):

\_\_\_\_\_

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_ Employer Telephone: \_\_\_\_\_

Job Duties/Responsibilities:

\_\_\_\_\_

Reason for Leaving:

\_\_\_\_\_

Employer 2 (before current or most recent):

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Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer Telephone: \_\_\_\_\_

Job Duties/Responsibilities:

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Reason for Leaving:

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When was the last time you applied for a job? \_\_\_\_\_ Where? \_\_\_\_\_

### **EMPLOYMENT STATUS**

(Please check all that apply)

- Full-time Employed
- Part-time Employed
  - One part-time job
  - Two or more part-time jobs
- Part-time employed and disabled
- Unemployed
  - Disabled
  - Retired
  - Stay at home parent
  - Can't find job
  - Stopped looking for job

If unemployed (please check):

- Receiving unemployment benefits
- Unemployment benefits expired:
  - 0 to 3 months ago
  - 3 to 6 months ago
  - 6 to 12 months ago
  - Over 12 months ago
  - Was ineligible to receive unemployment benefits

**Other Considerations:**

Are you a veteran? \_\_\_\_ Yes \_\_\_\_ No

Are you a cancer survivor? \_\_\_\_ Yes \_\_\_\_ No

Are you a victim of domestic violence? \_\_\_\_ Yes \_\_\_\_ No

Are you a subject of foreclosure? \_\_\_\_ Yes \_\_\_\_ No

Are you a subject of eviction? \_\_\_\_ Yes \_\_\_\_ No

Are you a single parent? \_\_\_\_ Yes \_\_\_\_ No

Grandparent raising Grandchildren? \_\_\_\_ Yes \_\_\_\_ No

**Have difficulty with (please check all that apply):**

- Transportation to and from work
- Transportation to and from social services
- Transportation to and from shopping / obtaining essential living items.
- Transportation in an emergency situation (i.e. – Hospital, etc.)
- Would you be will to use public transportation, if available?

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Applicant Signature

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Date Signed

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Spouse/Significant Other Signature

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Date Signed