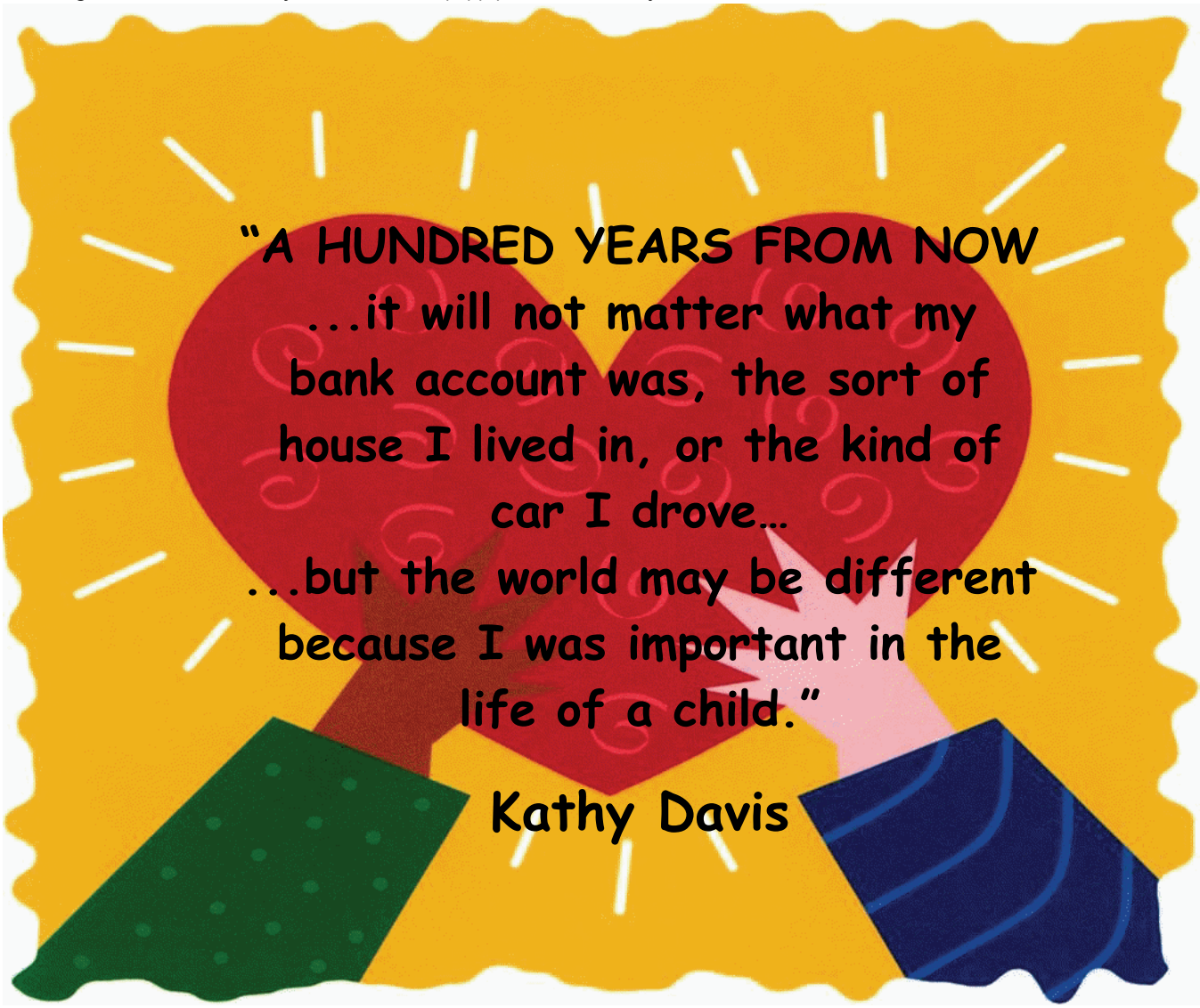
MCCD

Midwest Council for Children withDisabilities

301 High Grove Blvd. Glendale Heights, IL 60139

A Registered NFP Charity • IRS 501(C)(3) • Attorney General ID# 01041315 • FEIN # 36-4378294



MCCD provides families of disabled children the means to pursue medical treatments and therapies not covered by health insurance

100% OF EVERY DOLLAR RAISED, AFTER THE COST OF AN EVENT, IS USED FOR THE CHILDREN

Name_____ Date_____

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To be considered for assistance, you must complete an application. Completing the application is in no way a guarantee that you will be granted funding.
Once you have completed and submitted the online portion of your application, a confirmation message will be sent. After all required documentation is received, your application will be processed based on our eligibility criteria and the information you provided. A separate application is needed for each child.
Applying for assistance should not require hours of endless paperwork. At MCCD, we respect your personal time and know that spending time with family and friends is what really matters.
That's why we've created a quick online application process that is user friendly and easy to complete. The MCCD family is committed to meeting your needs as quickly as possible!
This form consists of 5 pages, and requires submission of your latest tax returns.

Description of Service / Therapy / Equipment

Contact Info of the Provider

Name | Affiliation

Address | City | St | Zip

E-Mail | Phone

Frequency of Service
☐ Weekly ☐ Monthly ☐ Yearly ☐ One Time Grant

Cost per Session	**Annualized Cost**

Detail all other costs associated with this request:

Description of Service / Therapy / Equipment

Contact Info of the Provider

Name | Affiliation

Address | City | St | Zip

E-Mail | Phone

Frequency of Service
☐ Weekly ☐ Monthly ☐ Yearly ☐ One Time Grant

Cost per Session	**Annualized Cost**

Detail all other costs associated with this request:

Office use below this line

Date of Review		Board Initials			
Date of Family Grant Acceptance					

Name_____ Date_____

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Please detail how you learned about MCCD.
(Please attach an additional sheet if needed.)

Child

Name _____ Date of Birth _____

Diagnosis _____

Primary Doctor _____ Phone _____

Specialist _____ Phone _____

Insurance Provider _____

Current Therapies	Provider	Times/Wk	Insurance Y/N	Co-Payment $

Past Therapies: Type	Provider	Approximate Last Date Received

Name_____ Date_____

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Parent

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Employer _____ Position _____ Years w/Co _____

Employer Address _____

City _____ State _____ Zip _____

Insurance Provider _____

Spouse / Other Parent

Name _____

Address (if different) _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Employer _____ Position _____ Years w/Co _____

Employer Address _____

City _____ State _____ Zip _____

Insurance Provider _____

Please list the Name(s), Ages(s) and Relationship(s) **of all other Residents Living in the Same Household:**

Name	Age	Relationship

Name_____ Date_____

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Monthly Income

Parent

Gross Salary	$
Social Security/Disability	$
Pension	$
Alimony/Child Support	$
Other:	$

Spouse / Other Parent

Gross Salary	$
Social Security/Disability	$
Pension	$
Alimony/Child Support	$
Other:	$

Child(ren)

Social Security/Disability	$
Other:	$
Other:	$

Income Contributed by any Other Household Resident $

Total Monthly Income $

Assets

Home Equity	$
Savings Accounts	$
Checking Accounts	$
Stocks and Bonds	$
Auto(List)	$
Other	$

Monthly Expenses

Federal Income Taxes	$
State Income Taxes	$
F.I.C.A. Taxes	$
Retirement	$
Rent	$
Mortgage	$
Real Estate Taxes	$
Utilities	$
Food	$
Transportation	$
Life Insurance	$
Car Insurance	$
Medical (incl. Insurance)	$
Education Costs	$

Loan Payments (List)

	$
	$
	$

Other (Specify)

	$
	$
	$

Total Monthly Expenses $

Are you currently receiving assistance from other organizations? Y / N

Early Intervention ☐ SSI ☐ DCFS ☐ DSCC ☐ WIC ☐ County Board ☐ Other ☐

Please attach a **COMPLETE** copy of last year's Federal Income Tax Return.