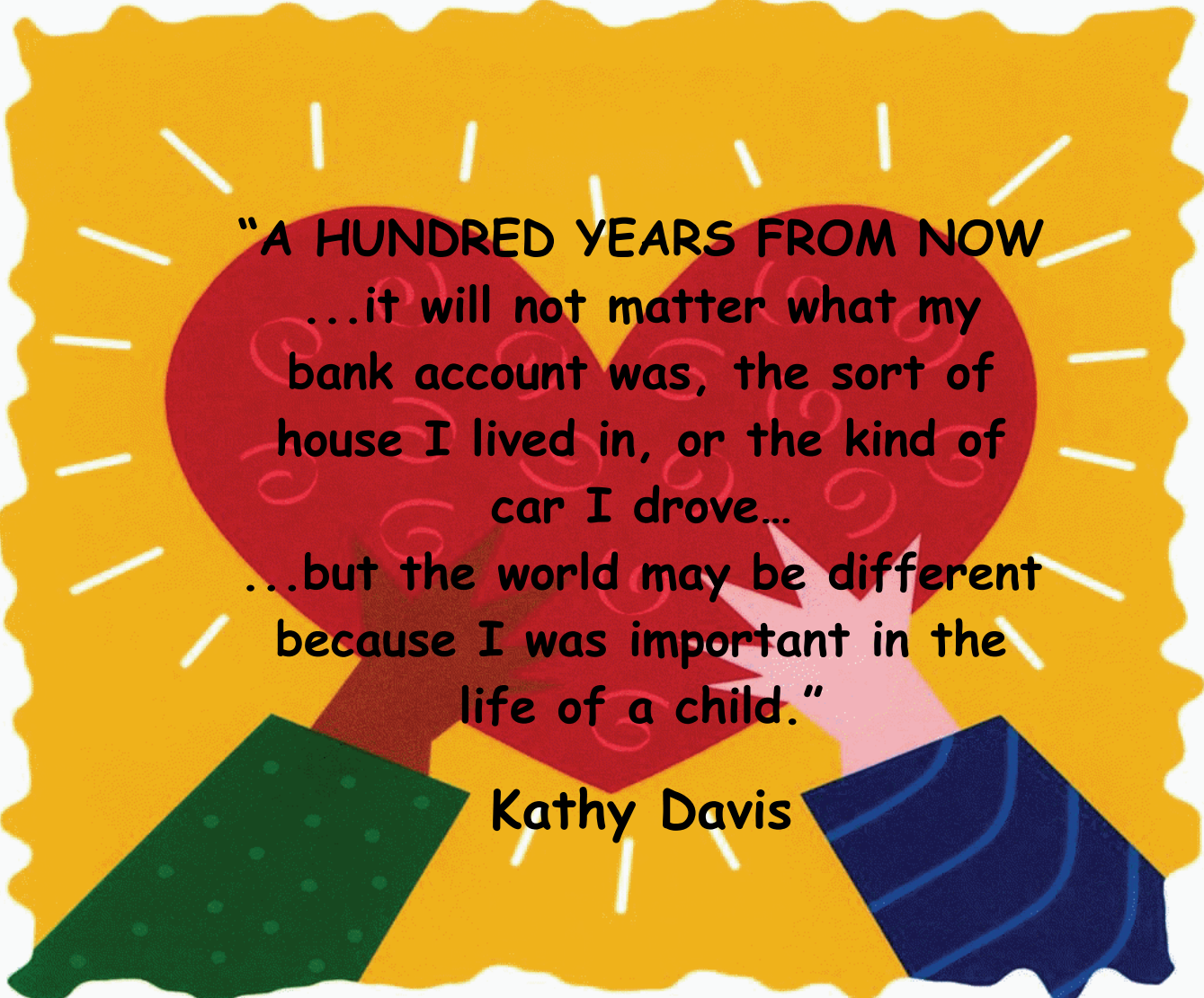


# **MCCD**

## **Midwest Council for Children with Disabilities**

301 High Grove Blvd. Glendale Heights, IL 60139

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



**"A HUNDRED YEARS FROM NOW  
...it will not matter what my  
bank account was, the sort of  
house I lived in, or the kind of  
car I drove...  
...but the world may be different  
because I was important in the  
life of a child."**

**Kathy Davis**

**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**

# MCCD

## Midwest Council for Children with Disabilities

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.

<b>Description of Service / Therapy / Equipment</b>

<b>Contact Info of the Provider</b>
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Name	Affiliation
------	-------------

Address	City	St	Zip
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E-Mail	Phone
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<b>Frequency of Service</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> One Time Grant	<b>Cost per Session</b>	<b>Annualized Cost</b>
<b>Detail all other costs associated with this request:</b>		

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<b>Description of Service / Therapy / Equipment</b>

<b>Contact Info of the Provider</b>
-------------------------------------

Name	Affiliation
------	-------------

Address	City	St	Zip
---------	------	----	-----

E-Mail	Phone
--------	-------

<b>Frequency of Service</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> One Time Grant	<b>Cost per Session</b>	<b>Annualized Cost</b>
<b>Detail all other costs associated with this request:</b>		

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Office use below this line			
Date of Review	Board Initials		
Date of Family Grant Acceptance			

Name \_\_\_\_\_

Date \_\_\_\_\_

# MCCCD

## Midwest Council for Children with Disabilities

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

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### 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 \_\_\_\_\_

# MCCD

## Midwest Council for Children with Disabilities

### 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

# MCCD

## Midwest Council for Children with Disabilities

### Monthly Income

### Monthly Expenses

<b>Parent</b>		
Gross Salary	\$	<input type="text"/>
Social Security/Disability	\$	<input type="text"/>
Pension	\$	<input type="text"/>
Alimony/Child Support	\$	<input type="text"/>
Other:	\$	<input type="text"/>

Federal Income Taxes	\$	<input type="text"/>
State Income Taxes	\$	<input type="text"/>
F.I.C.A. Taxes	\$	<input type="text"/>
Retirement	\$	<input type="text"/>
Rent	\$	<input type="text"/>
Mortgage	\$	<input type="text"/>
Real Estate Taxes	\$	<input type="text"/>
Utilities	\$	<input type="text"/>
Food	\$	<input type="text"/>
Transportation	\$	<input type="text"/>
Life Insurance	\$	<input type="text"/>
Car Insurance	\$	<input type="text"/>
Medical (incl. Insurance)	\$	<input type="text"/>
Education Costs	\$	<input type="text"/>

<b>Spouse / Other Parent</b>		
Gross Salary	\$	<input type="text"/>
Social Security/Disability	\$	<input type="text"/>
Pension	\$	<input type="text"/>
Alimony/Child Support	\$	<input type="text"/>
Other:	\$	<input type="text"/>

<b>Child(ren)</b>		
Social Security/Disability	\$	<input type="text"/>
Other:	\$	<input type="text"/>
Other:	\$	<input type="text"/>

<b>Income Contributed by any Other Household Resident</b>	\$	<input type="text"/>
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<b>Loan Payments (List)</b>	\$	<input type="text"/>
	\$	<input type="text"/>
	\$	<input type="text"/>

<b>Total Monthly Income</b>	\$	<input type="text"/>
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<b>Assets</b>		
Home Equity	\$	<input type="text"/>
Savings Accounts	\$	<input type="text"/>
Checking Accounts	\$	<input type="text"/>
Stocks and Bonds	\$	<input type="text"/>
Auto(List)	\$	<input type="text"/>
Other	\$	<input type="text"/>

<b>Other (Specify)</b>	\$	<input type="text"/>
	\$	<input type="text"/>
	\$	<input type="text"/>

<b>Total Monthly Expenses</b>	\$	<input type="text"/>
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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.

Click this button to Print this Form and FAX to: 630-539-5977

Click this button to E-Mail this Form to: mccd@mccdcare.com



# MCCD

[www.mccdcares.com](http://www.mccdcares.com)

## Midwest Council for Children with Disabilities

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

### Board of Directors

#### President

Dennis Fiedler

#### Secretary

Rick Gunderson

#### Treasurer

Keith Brown

#### Directors

Mike Day

Frank Grosso

Marty Henneberry

Joe Petruziello

Lynn Shovan

## 2019 Family Participation Program Family Grant Acceptance

As part of the assistance application, the Midwest Council for Children with Disabilities requests that applying recipients commit to a fundraising campaign that would generate funds back to MCCD equaling a minimum of 20% of your 12 month grant.

The Council will provide you various tools throughout the year to achieve your goal, including:

- Raffle tickets for a Naples Florida Vacation to sell
- Forms to solicit items needed for our silent auction
- Schedules and communications for all MCCD fundraising activities

**Please understand that the achievements of your fundraising goal will be reviewed and may be used as a factor in your child receiving assistance in the future. Your family will not be financially responsible for any shortfall in your family reaching its fundraising goal.**

My signature below indicates that the information presented in this application is accurate to the best of my knowledge, and that I understand the importance of my fundraising goal.

\_\_\_\_\_  
Printed Name

Date \_\_\_\_\_

\_\_\_\_\_  
Signature

**In Illinois • 301 High Grove Blvd • Glendale Heights, IL 60139 • (630) 539-5977**  
**In Ohio • 23818 Cooper Turn • Olmsted Falls, OH 44138 • (440) 891-6222**  
**In Wisconsin • 21 S. Lake Street PO Box 86 • Elkhart Lake, WI 53020 • (920) 207-4561**