



Instructions for Completing The Angel Fund Grant Application

- Application should be filled out by the person referring someone in need (referring Angel). This should be a social agency working with the proposed recipient.
- Complete all information on the application to the best of the referring angel's ability.
- Include all required documentation with your application.
- The referring Angel should sign and date page 4 of the application, the Referring Angel Intake Document.
- The proposed grant recipient should sign and date page 5 of the application, the Angel Fund Recipient Intake Document.

The more financial information you submit with your application, the easier it will be for our team to expedite your application process.

Once the application is complete, please email to:

angelfund@caringlikeangelsandheroes.com

or call 513-785-0687 (press 2 for Angel Fund) for more information.

Angel Fund

Statement of Need



To be filled out by the referring Angel:

In the space provided below, please provide a statement of need and your relationship to the client.

Amount Requested * \$ _____

** If you are requesting help for specific bills, please attach a copy of those bills*
Angel Fund Application

PART I Proposed Recipient

Full name _____			Marital status _____		Home phone _____	
DOB _____		Cell phone _____				
Email address _____						
Current address _____					How long? _____	
Own or rent _____		Landlord's/owner's name and phone if applicable _____				
Partner's name _____				DOB _____		
Partner's phone/cell phone _____						
Dependent(s):						
Name		Age		School		
_____		_____		_____		
_____		_____		_____		
_____		_____		_____		
_____		_____		_____		
_____		_____		_____		

Are you currently employed? Yes ____ No ____

Proposed recipient's current or most recent employer _____

Dates of employment _____

Employer's address _____

Supervisor _____

Employer's phone number _____

Is your partner currently employed? Yes ____ No ____

Partner's employer _____

Referring Angel Intake Document

It is important that you, as the Referring Angel, understand a few basic parameters that assist us in focusing our ability to help:

1. The Angel Fund can only give assistance one time.
2. The Fund assists only person(s) who live and/or work in West Chester or Liberty Township or who are registered members of an area church.
3. The Angel Fund provides help to those who are in extraordinary, urgent or unusual circumstances, and whose need cannot be fully addressed by any other charitable, governmental, religious or social services agency or organization.
4. The Angel Fund responds to individuals or families who are in need due to unforeseen events that do not result from competent recipient's personal acts of omission or commission or neglect so as to have self-created a need.
5. Assistance requires that the Angel Fund Committee do **due diligence** in investigating the need which may, and often does, require the following:
 - Time for assessing the situation and information gathering
 - Reviewing tax returns, w-2's, social security documents, eviction notices, or other pertinent documents that help describe the referred person's financial status, etc.
 - Signing up for local services such as SELF, Reach Out Lakota, etc.
 - Speaking with employers, social workers, and/or others who are close to the situation.
6. Assistance may or may not be financial, and may also include the referral of the Proposed Angel Fund Recipient(s) to other agencies that are better suited to help in a particular situation.
7. Assistance cannot be given in the following instances:
 - Legal fees, fines, court costs.
 - Payment of over-due medical bills.
 - Scholarships, educational grants, tuition.

I have read this statement and understand the parameters for Angel Fund assistance.

Referring Angel's Signature

Date

Angel Fund Recipient Intake Document

It is important that you, as the Proposed Angel Fund Recipient, understand a few basic parameters that assist us in focusing our ability to help:

1. The Angel Fund can only give assistance one time.
2. The Fund assists only person(s) who live and/or work in West Chester or Liberty Township or who are registered members of an area church.
3. The Angel Fund provides help to those who are in extraordinary, urgent or unusual circumstances, and whose need cannot be fully addressed by any other charitable, governmental, religious or social services agency or organization.
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7. Assistance cannot be given in the following instances:
 - Legal fees, fines, court costs.
 - Payment of over-due medical bills.
 - Scholarships, educational grants, tuition.

Disclaimer (please sign below):

"I verify that all information put forth on the Angel Fund application is true to the best of my knowledge and that any representation of any information, verbal or written, may disqualify me from receiving assistance from the Angel Fund. I understand that not everyone receives assistance and that each case must be investigated and approved by the volunteer members of the Angel Fund Advisory Board. I give my consent to the Angel Fund members to verify my employment and living status, including but not limited to viewing any relevant personal documentation such as W2 Forms, pay stubs, Federal Tax Returns and making phone calls to check on the personal circumstances represented here."

I have read this statement and understand the parameters for Angel Fund assistance.

Proposed Angel Fund Recipient's Signature

Date