



Serving the towns of Effingham, Freedom, Madison and Ossipee

Application for Assistance

Please complete both sides of this form and return it to:

Ossipee Children's Fund - Applications
PO Box 685
Center Ossipee, NH 03814

We process applications on a case by case basis for one of the following: preschool, licensed childcare or enrichment activities.

For consideration, this application must be submitted at least 2 weeks prior to the start of the activity.

Parent or Guardian

Mailing Address

Zipcode

Home Phone

Email

Street Address

Town of Residence

Child's Name		Child's School		Age
Program Name and Description		Program Contact Person and Phone #		
Start Date	End Date	Total Cost	Amount Requested	

Child's Name		Child's School		Age
Program Name and Description		Program Contact Person and Phone #		
Start Date	End Date	Total Cost	Amount Requested	

Please check all programs from which you are currently receiving a benefit -

- | | | |
|---|--|--|
| <input type="checkbox"/> TANF | <input type="checkbox"/> Foster Care | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Town Welfare | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Section 8 |
| <input type="checkbox"/> Free/Reduced School Meals | <input type="checkbox"/> Childhood Dev. Fund | <input type="checkbox"/> Community Fuel Assistance |
| <input type="checkbox"/> Other, please describe _____ | | |

If you are not currently receiving any of the programs listed above, please complete this section.

Please list all persons living in the household.

Adult's Name	Employed?	If no, date last worked	If yes, list current employer
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		

Adult's Name	Employed?	If no, date last worked	If yes, list current employer
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		

Name	Age	Name	Age
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Name	Age	Name	Age
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Sources of monthly income	Monthly expenses
\$	\$
\$	\$
\$	\$
\$	\$
Total monthly income \$	Total monthly expenses \$

Please briefly state why you need Ossipee Children's Fund Assistance.

This application must be signed and dated by the applicant.

I certify that the information in this application is true and accurate. I give the Ossipee Children's Fund permission to verify any information I have provided on this application.

Applicant Signature Date