



# ARK ADVOCATES

## Request for Financial Assistance

*Our mission is to advocate and serve persons with disabilities in choosing where and how they learn, live, work, play, and pray; in partnership with families and the community.*

Please complete and attach to email [info@arkadvocates.org](mailto:info@arkadvocates.org) or mail copy to ARK Advocates, P.O. Box 3024, Dubuque, IA 52004-3024

\_\_\_\_\_  
Name of Person Requesting Financial Assistance

\_\_\_\_\_  
Person Receiving Financial Assistance

Address: \_\_\_\_\_

City,  
State: \_\_\_\_\_

DOB: \_\_\_\_\_

Age: \_\_\_\_\_

Zip Code: \_\_\_\_\_

E-Mail Contact: \_\_\_\_\_

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

Person lives with \_\_\_\_\_ parents \_\_\_\_\_ mother \_\_\_\_\_ father \_\_\_\_\_ other please specify \_\_\_\_\_

Type of Request: \_\_\_\_\_

\_\_\_\_\_ Campership: Name of Camp: \_\_\_\_\_

\_\_\_\_\_ Guardianship/Conservatorship

\_\_\_\_\_ Adaptive Equipment: Describe: \_\_\_\_\_

**(Please attach Therapist/Specialist explanation of and recommendation**

\_\_\_\_\_ Other; Please Specify: \_\_\_\_\_

Describe the need and/or circumstances surrounding this request: \_\_\_\_\_

Are you a current member of ARK Advocates: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Need more info

### Family's / Person's Taxable Income

Check the space which indicates your family's **federal net taxable income** for the most recent tax year.

\_\_\_\_\_ 1. \$9,999 and under \_\_\_\_\_ 2. \$10,000-19,000 \_\_\_\_\_ 3. \$20,000-39,000 \_\_\_\_\_ 4. \$40,000 and above

Applicant's Disability: Indicate primary and secondary, if applicable: \_\_\_\_\_

Have you applied for assistance for the above from any other organization? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to the above question, explain the organization, date, amount requested, and the results of the request: \_\_\_\_\_

(See Back Side of Page)

Date Needed By: \_\_\_\_\_ Total Amount Needed: \$ \_\_\_\_\_  
Personal Contribution: \$ \_\_\_\_\_  
ARK Advocates Amount Requested: \$ \_\_\_\_\_  
Alternative Funding Available: \$ \_\_\_\_\_

Please attach any other information you think necessary to evaluate the request.

I understand that the financial assistance monies granted to me by ARK Advocates are to be used solely for the above stated purpose. **\*\*Verification of monies spent (receipts, bills paid, etc.) must be sent to ARK Advocates no later than 30 days post event, unless previously provided.\*\***

ARK Advocates reserves the right to request information for further verification prior to approval, if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*For Office Use Only\*\*\*\*\***

Date Received: \_\_\_\_\_ Date Presented to Committee: \_\_\_\_\_

Direct Service Committee Decision: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Approved: \_\_\_\_\_ Date Approved by Committee: \_\_\_\_\_

Method of Payment:  
\_\_\_\_\_ Check to: \_\_\_\_\_  
\_\_\_\_\_ ARK Purchase Item from: \_\_\_\_\_  
\_\_\_\_\_ Other: \_\_\_\_\_

Committee Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Notified Applicant: \_\_\_\_\_ Check #: \_\_\_\_\_

Date paid: \_\_\_\_\_