

OSSIPEE CHILDREN'S FUND APPLICATION FOR ASSISTANCE

Applications are reviewed on an individual basis for the following: licensed childcare for working parents, educational, recreation and enrichment programs. Applications should be submitted **at least 2 weeks prior** to the start of the activity for both school year and summer assistance.

Mail **COMPLETED** form and **REQUIRED ATTACHMENTS** to:

Ossipee Children's Fund – Applications
P.O. Box 685
Center Ossipee, NH 03814 – 0685
www.ocfnh.org

Parent, Foster Parent or Legal Guardian: _____
(Please attach documentation of foster parent or legal guardian status)

Mailing address: _____

Street address and town of residence: _____

Home phone and email address: _____

PROGRAM ASSISTANCE INFORMATION:

Child's name:	Age:	Foster Child? Y N	School:
Program Name:			
Program contact and phone:			
Start date:	End date:	Total cost:	Amt. requested:
Are you applying for Childcare? Y or N If yes, number of hours per week? _____ Are you receiving childcare benefits from the State of NH? Y or N IMPORTANT! PLEASE INCLUDE PROOF OF STATE OF NH CHILDCARE BENEFITS if you are receiving such benefits. Applications will not be processed without it. OCF will only pay for childcare after all State of NH benefits have been used.			

Child's name:	Age:	Foster Child? Y N	School:
Program name:			
Program contact and phone:			
Start date:	End date:	Total cost:	Amt. requested:
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Please attach additional sheets for more than 2 children

**Check all programs which you are currently receiving a benefit from and
ATTACH PROOF (we cannot process your application without it)**

Foster Parent
 TANF
 WIC
 SNAP
 FREE/REDUCED MEALS
 State of NH Childcare Benefits

If you have not checked any of the above, please include the first 2 pages of the most recent Form 1040 Federal tax return for ALL household members.

**APPLICATIONS WILL NOT BE PROCESSED WITHOUT
THE ABOVE PROOF**

List all adults living in the household:

NAME OF ADULT	EMPLOYER	FT/PT? HOURS/WEEK?

List all children living in the household:

Name/age of child:	Name/age of child:	Name/age of child:
Name/age of child:	Name/age of child:	Name/age of child:

Briefly state why you are requesting assistance from Ossipee Children’s Fund:

I understand that Ossipee Children’s Fund is responsible only for financial assistance. Acceptance of an award means I agree to assume all other responsibilities including liability. By signing this application, I give Ossipee Children’s Fund permission to share my child’s name and award amount with the service provider or program if approved for an award. I certify that the information on this application is true and accurate and give OCF permission to verify all information provided by me.

Parent, Foster Parent, or Legal Guardian signature

Date

If approved for an award I give permission for OCF to use photos of my child(ren) in the OCF newsletters, social media pages or press releases? YES NO. Saying no will not interfere with being granted an award.

Serving children residing in the towns of Effingham, Freedom, Madison and Ossipee