



Application for Assistance

Date Received _____

Date Fulfilled _____

All information contained herein is strictly confidential, accessible only to the Reach Out Alumni Assistance Network (Reach Out/ROAN) Board. Reach Out/ROAN is a nonprofit 501(c)3 charitable organization that provides emergency assistance to Up With People, Sing Out, Moral Rearmament, PACE, and WorldSmart alumni who are in need. **Requests for help must be of an emergency nature.**

Reach Out/ROAN is unable to provide assistance for credit card debt, taxes, bills, debts or loans.

****You are responsible for any taxes on the amount awarded to you.**

PLEASE INCLUDE ADDITIONAL SHEETS OF PAPER IF YOU ARE UNABLE TO FIT YOUR INFORMATION/COMMENTS IN THE SPACES PROVIDED.

CONTACT INFORMATION			
Name:		Date of Birth:	
Address:			
City, State Zip Country:			
Telephone:		Mobile Phone:	
Email:			
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other:		
Dependents: (Ages & Relationship)			
Best way to get money to me:	<input type="checkbox"/> by mail <input type="checkbox"/> cash/Walmart <input type="checkbox"/> by PayPal (Paypal email: _____)		

CAST EXPERIENCE/CAST YEARS	
Up With People (UWP)/Cast Years:	Moral Rearmament (MRA)/Cast Years:
Sing Out (SO)/Cast Years:	World Smart (WS)/Cast Years:
PACE/Years:	Specialty Casts/Years:








Please explain your participation in the years and groups above. Also, please give a brief account of what you have been doing from when you got off the road till now:

CONFIDENTIALITY RELEASE
<p>I, _____, give permission for Reach Out Alumni Assistance Network to release my: <input type="checkbox"/> name <input type="checkbox"/> cast and year <input type="checkbox"/> address <input type="checkbox"/> phone number <input type="checkbox"/> email <input type="checkbox"/> other: _____, and to discuss my current situation with: <input type="checkbox"/> my cast <input type="checkbox"/> my era <input type="checkbox"/> local alumni <input type="checkbox"/> Reach Out FaceBook Page <input type="checkbox"/> Regional Rep (LATAM/EU/AP) <input type="checkbox"/> third party vendors/resources <input type="checkbox"/> cast rep [Name/Phone: _____] <input type="checkbox"/> other: _____ on a need to know basis.</p> <p>I, understand that this information may be used for the purpose of getting me assistance/help to better my current situation. I also understand this information will be kept in the strictest confidence and will only be shared with those that have the strongest likelihood of helping me.</p> <p>NOTE: You do not have to sign this release form if you do not want to allow Reach Out to share your information. Signing this release form is completely voluntary. However, by not signing this release, Reach Out will be limited in the ways we can further assist you.</p> <p>I understand this release is valid upon signature, and that I may withdraw my consent to any item above at any time by contacting Reach Out.</p> <p>Signature: _____ Date: _____</p>

Date Received _____

Date Fulfilled _____

Please help us understand your current situation better by selecting the closest box (examples range from situation ok to high urgency) or not applicable (N/A) for each row below. Note: some categories below may not apply to your current situation:

	Food	N/A	I/my family has plenty of food.		I/my family live on less food than we need.	I/my family is completely dependent on food stamps, food bank box, Meals on Wheels.	I don't know where my next meal is coming from/I don't eat most days.	
	Home	N/A	I own my house. My family's shelter needs are ok.	My rent or mortgage is paid easily each month.	I have trouble paying my rent/mortgage each month; my house is in need of repair.	Unable to pay my rent/mortgage. I am afraid I will be homeless soon.	I am homeless/was kicked out of my apt/house.	
	Utilities	N/A	My utilities are paid easily each month.	I have trouble paying my utilities each month.	My utilities are 30 days past due/ I am unable to pay my utilities each month	The past due notices are stacking up and I can't pay/keep up with payments.	My utilities are about to shut off/ My utilities have been shut off.	
	Health	N/A	I/my family are healthy.	I was told I might have a medical condition/ need surgery.	I have a disease/cancer, but costs, office visits are infrequent.	I have an extreme medical condition. Lots of needed procedures and doctor/ hospital visits	I am spending a good portion on med bills and gas to get to doctor.	
	Transportation	N/A	I have a working car or am able to take the bus/train.	My car is unreliable and may die soon.	I rely solely on bus/train for my transportation needs.	I have difficulty meeting all my transportation needs with the money I have for gas/bus.	I don't have a car/My car is non-functional and I am unable to pay for gas or public transportation.	
	Income	N/A	I have a steady job and income coming in each month.	I am concerned I may lose my job.	I just lost my job and need to find another job.	I have been out of work for more than 6mos. with no income.	I am living on social security/disability check and/or I am unable to find work.	
	Savings	N/A	I have more than 3 months salary in savings.	I have less than 3 months salary in the savings.	I have 1 month salary in savings.	I have less than 1 month salary in the savings.	I have never had/burned through all my savings and have no reserve/ other money.	
<p>If a category above didn't quite match your current situation, or you selected not applicable (N/A), please explain it here. PLEASE INCLUDE ADDITIONAL SHEETS OF PAPER IF YOU ARE UNABLE TO FIT YOUR INFORMATION/COMMENTS:</p>								

Date Received _____

Date Fulfilled _____

Monthly Expenses

Inflows:

Net Income	Amount	Comment	Expense	Amount	Comment
Your Job	\$		Disability	\$	
Spouse Job	\$		Child Support	\$	
Social Security	\$		Pension	\$	
Food Stamps	\$		Other	\$	

Government Programs:

Program	Applied?	Status/Comment	Program	Applied?	Status/Comment
WIC			Subsidized housing list		
Reduced Utilities			Other:		

Total Monthly Net Income: _____

Outflows:

Expense	Amount	Comment	Expense	Amount	Comment
Mortgage/Rent	\$		Car Payment	\$	
Food	\$		Bus/Transport	\$	
Electric	\$		Gas for Car	\$	
Gas	\$		Car Insurance	\$	
Water/Sewer	\$		Medical Insurance	\$	
Trash	\$		Medical/Prescriptions	\$	
Phone	\$		Child Care	\$	
Internet	\$		Child Support	\$	
Cable	\$		Diapers/formula	\$	
Storage	\$		Laundry	\$	
Taxes	\$		Other	\$	

Total Monthly Expenses: _____

Balance (Minus/Plus): _____

Date Received _____

Date Fulfilled _____

[Please use additional sheets to give details on any of the below answers.]

FINANCIAL NEED
<p>How did you get into your current situation/crisis?</p>
<p>What steps have you've taken to resolve your situation/crisis. Do you have any family members who can help you? Has your cast helped you? Your church? List all government/emergency care programs you received assistance.</p>
<p>Describe your reason for applying to Reach Out/ROAAN for emergency assistance. Based on the chart on page 2, what are your greatest needs? (Needs 1, 2 and 3):</p>

REFERENCES		
Personal Reference #1 name:	Personal Reference #1 phone:	Personal Reference #1 email:
Personal Reference #2 name:	Personal Reference #2 phone:	Personal Reference #2 email:

NOTE: A Reach Out/ROAAN board member will contact you for a telephone interview.

- In completion of this application to Reach Out/ROAAN, I agree to the following:
1. Submission of this application does not automatically entitle me to any assistance. Any assistance provided is granted on a case-by-case basis and intended to be used for emergency aid only.
 2. Reach Out/ROAAN reserves the right to approve or deny assistance to applicants. Unsigned, incomplete or illegible applications will not be processed.
 3. Reach Out/ROAAN reserves the right to withdraw approved, but unpaid amounts for any circumstance deemed appropriate. A withdrawn award may occur when applicant's situation has changed or when a significant amount of time has lapsed from the date of approval to the time payment requested.
 4. Reach Out/ROAAN's purpose is to provide assistance to those in need unconditionally. In other words, we as an organization are giving this aid as a gift and we are not requiring or expecting any return payment. We only ask that, in kind, those recipients will choose to, through charitable deeds, pay forward; help others whenever and in whatever way possible.

Signature _____ Date _____

Please return your signed forms and supporting documents to:
 Print and return by mail:
 Reach Out Alumni Assistance Network, 6216 E. Pacific Coast Hwy, Suite 260, Long Beach, CA 90803
 Print and return by fax: 1-877-822-8067
 Pdf and return by email: info@roaan.org