	H	Humanitaria Service Project	n	
Telephone 630-221-8340	•	d Carol Stream, IL 60 1 Website: <u>hsp.ager</u>	D188 http://www.accomenter.com/ http://www.accom	
CHILDREN'S PROJECT APPLICATION Please print clearly.				
Name(s) of Parent/Guardian:				
Address:				
City:	Zip Code:			
Cell Phone #:			ust be DuPage or Kane County to be eligible.	
Email Address:				
Family's Race / Ethnicity:Afric	an American	Asian	Hispanic or Latino	
Native AmericanMide	dle Eastern	White/Caucasian	Other:	
Household Size:	old Size: Marital Status:			
<pre>\$ Total Monthly Income (30 days/ 1 month)*</pre>				
Children ages 3-12 qualify for the birthday project. Please include information for all children newborn to 15 years old. Child's Name:				
	В	irth Date:	Male / Female	
	В	irth Date:	Male / Female	
	В	irth Date:	Male / Female	
	В	irth Date:	Male / Female	
	В	irth Date:	Male / Female	
	В	irth Date:	Male / Female	

*This application must be accompanied by 30 days/1 month proof of income for all contributing adults (21+) in the household and birth certificates/proof of guardianship for all children listed above. Please see the Required Supporting Documents page for details.

Applications will not be reviewed until all documents are provided.

Required Supporting Documents

1. Birth Certificates or Proof of Guardianship

Please submit the following documents to complete your application. You may send a photo, a scanned copy or screenshots as an attachment in an email to children@hsp.agency or bring the documents to our center. We can photocopy as needed.

• Birth certificates for each of the children on the application (ages newborn – 15 years). The mother and/or father's name on the birth certificate must match the parent/guardian's name on the application.

OR

- Proof of guardianship for each of the children on the application (ages newborn 15 years)
 - A court order or letter of guardianship signed by a judge
 - An affidavit of guardianship executed by the parents of the child
 - A power of attorney (POA) that grants guardianship

If guardianship is not court appointed or documented, please include a letter explaining your situation. Please note, child(ren) must reside with you for more than 50% of the time to be eligible.

2. Proof of Income

Please submit the following documents to complete your application. You may send a photo, a scanned copy or screenshots as an attachment in an email to children@hsp.agency or bring the documents to our center. We can photocopy as needed.

- 30 days / one month proof of income from each contributing adult (21+) in the household, including:
 - Wages from employment (including commissions, tips, bonuses, fees etc)
 - paychecks/paystubs OR
 - W2 or 1099 OR
 - written note of employment from employer indicating pay per month
 - Income (cash, check, Venmo etc) from operating a business or performing a service from home or in the community. Examples include but are not limited to; hair stylist, babysitting, pet sitting, lawn care/landscaping, construction, handyman services, Avon or other MLM companies, eBay sales, blood or plasma donations etc.
 - Social Security benefits
 - child support and maintenance (alimony)
 - public assistance payments
 - unemployment benefits
 - disability benefits

If you are not currently working and do not have any other sources of income as outlined above, you will be required to complete a Zero Income Affidavit prior to your application being reviewed. A copy of the affidavit may be emailed or mailed to you at your request or picked up at our center.

Once the Children's Project Application and all supporting documents are received, the application will be reviewed. After the review, your family will be contacted regarding your eligibility. If your family is eligible, you will be placed on our Waiting List. **Please be aware that depending on the time of year, wait times can be between 3-12 months.**

When an opening is available your family will be contacted to review and update your application. Additional information may be required at that time.