

Family Connection Grant Application

Family Connection Grant

The Family Connection Grant provides children, families, and young adults with the resources they need to stay connected with their loved ones during periods of incarceration.

In order to be considered for the Family Connection grant, the applicant must meet the following criteria:

- Able to demonstrate clear financial need

- Have a parent, child, or immediate family member currently incarcerated in a penitentiary (State or Federal) that is at least 15 miles from the applicant's home or residence

Items covered under the Family Connection Grant are as follows:

- Envelopes
- Postage
- Stationery (including journals, notebooks, markers, pens, and other writing utensils)
- Gas Cards
- Calling Cards
- Travel Expenses

THE FOLLOWING DOCUMENTS ARE REQUIRED FOR THE FAMILY CONNECTION GRANT:

In addition to the application itself, Applicants are required to disclose pay stubs, bank account statements, and any other financial documents to demonstrate financial need. Applicants will typically receive approval or denial in writing within 30 business days

APPLICANTS MUST PROVIDE THE FOLLOWING DOCUMENTS IN HARD COPY FORMAT:

-PHOTO COPY OF STATE ID (MUST BE A CLEAR COPY OF FRONT AND BACK)

-SIGNED RELEASE OF INFORMATION (THIS FORM IS CONTAINED WITHIN THIS PACKET)

-PROOF OF FINANCIAL ASSISTANCE

-RECENT BANK STATEMENT/PAYSTUBS/TAX DOCUMENTS

Additional Supporting Documents

Provide these items if the following statements apply to you.

Income Statement(s): if you are employed; provide recent paystubs showing employer name(s) and year to date income

Benefit Statement(s): if you receive benefit income, such as unemployment, social security, or other government benefits; provide statement(s) showing the benefit amount and payee name

Federal Tax Return: if you are self-employed; provide a copy of your federal tax return to document your self-employment income.

BASIC INFORMATION:

Please clearly print the following information in blue or black ball point pen:

Full Legal Name

Last Name: _____

First Name: _____

Middle Name: _____

Suffix: _____

Date of Birth (month/day/year) _____ / _____ / _____

Social Security Number: _____ - _____ - _____

Contact Information

Home Phone: _____ Cell Phone: _____

Email Address: _____

Permanent Residence

Number, Street and Apartment Number _____

City _____ State _____ ZIP _____ County _____

Mailing Address (if different than permanent address)

Number, Street and Apartment Number _____

City _____ State _____ ZIP _____ County _____

I am a....(check one)

- U.S. citizen
- U.S. national
- Resident alien expecting citizenship

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT THE INCARCERATED PARTY:

Full Legal Name Of Incarcerated person:

Last Name: _____

First Name: _____

Middle Name: _____

Suffix: _____

Date of Birth (month/day/year) _____ / _____ / _____

Where is this inmate incarcerated at? _____

What convictions are the incarcerated party charged with ? _____

How long is their sentence? _____

How are you related to the incarcerated party?

FEDERAL AND STATE ASSISTANCE INFORMATION:

Are you receiving money through the state? _____

If so, what kind of assistance are you receiving (Please check all that apply):

- Financial Assistance
- Housing Assistance
- Food Assistance
- Other

If you chose other, please explain: _____

Housing status:

Rent ___

Own ___

Homeless ___

Other _____

Are you currently living in subsidised housing or receiving government assistance? _____

If so what type of benefits are you receiving? _____

How long have you held occupancy in this residence? _____

Monthly rent, house payment, mortgage payment _____

Estimated cost of Utilities in total: _____

Additional housing expenses: _____

What do you need help with? (Check all that apply)

- Postage
- Envelopes
- Stationary
- Calling Cards
- Transportation
- Other

If you chose other, please explain: _____

Is there any additional information you would like to provide not covered in this application?(you may also provide additional documentation of need with this packet):

Please return by email to: missy@sonsanddaughtersunited.org

Or return by mail to :
Sons and Daughters United
PO Box 154
Niles, MI 49120

I, _____, have read and understand the conditions of the Code of Ethics provided to me by Sons and Daughters United. I understand that application for this grant does not automatically qualify me for assistance. I understand that incorrectly or fasly providing information may result in disqualification for this grant. Lastly, I affirm that all information provided herein was provided willingly and is true and accurate to the best of my belief and knowledge.

Date: _____
Signature: _____
Printed name: _____

I, _____, authorize Sons and Daughters United to confirm and/or obtain any and all information provided within this application (including but not limited

to: income information , prior employment history, disability information, and/or criminal records). I understand that additional documentation may be required.

Date: _____

Signature: _____

Printed name: _____