NAMI of DuPage County – Individual Assistance Program Application

NAMI of DuPage County, through its Individual Assistance Help Committee has funds available for individuals with a mental illness that need aid thru payment of medication or monthly rent/mortgage. *

If you are an individual with a financial emergency, residing in DuPage County, you may complete the attached application and send it to NAMI DuPage via mail, fax or email.

Requirements for Granting Financial Aid

A financial need must exist over and above the routine expenses for daily living and aid is not generally available from other sources.

Application for financial assistance must be completed by or on behalf of the requester accompanied by two most recent months worth of bank statements and if applicable, lease agreement. Once a complete application is submitted with required documentation please allow one full week for review.

Verification is required that the applicant is a mentally ill individual who is undergoing treatment and who is complying with a recovery program under a caseworker, therapist, and/or psychiatrist.

Application for Financial Assistance

Individual Requesting Assistance

NAME

ADDRESS

CITY, STATE, ZIP CODE

PHONE

$ AMOUNT REQUESTING

DATE NEEDED (MM/DD/YY)

$ HOUSE HOLD MONTHLY INCOME

OTHER RESOURCE(S) TRIED

OTHER RESOURCE(S) TRIED

Treatment Professional for Contact Reference

(Case Worker, Social Worker, Therapist or Psychiatrist)

NAME

ADDRESS

CITY, STATE, ZIP CODE

PHONE

FAX

DIAGNOSIS OF INDIVIDUAL REQUESTING ASSISTANCE

Consent for release of information to NAMI Individual Assistance Committee

I hereby authorize the release of information necessary for processing this application to the NAMI of DuPage County Consumer Help Committee. The information may be from my medical record, but in general will be limited to assurance that the applicant is under a diagnosis for severe and persistent mental illness and is complying with a program of medication and or therapy intended for maintenance or recovery.

APPLICANT SIGNATURE

APPLICANTS PRINTED NAME

WITNESS SIGNATURE

WITNESS PRINTED NAME

DATE

This financial assistance program is made possible by individual donations. This program does not receive state, federal, or local government funding.

I will try to donate to this fund, in the future so this program can help benefit others like myself.

SIGNATURE

Please proceed on and complete page two of application.

*** Remember:** Only one application per individual in a rolling 12-month calendar year will be accepted from the last date of assistance received. Each applicant may request the maximum of $750 in financial assistance. This does not guarantee the maximum will be paid once the application is fully explored and assessed by the Individual Assistance Program Committee. NAMI DuPage reserves the right to stop accepting applications at any point based on funding availability.

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Details of Debt and Expenses

Explanation of Hardship

_____

_____

_____

Future Prevention Plan

_____

_____

_____

Landlord or Creditor Information

_____
CREDITOR / LANDLORD

_____
ADDRESS

_____
CITY, STATE, ZIP CODE

_____ _____
PHONE FAX

$_____ $_____
BALANCE DUE TOTAL AMOUNT OWED

Other Applicable Notes

_____

_____

Please help us to continue to receive donations for this program by answering the following questions:

Gender: ☐ Male ☐ Female

Age: ☐ 18-24 ☐ 25-39 ☐ 40-64 ☐ 64-74 ☐ 75+

Number of People in Household: _____

Ethnicity: ☐ White ☐ Black / African-American

☐ Hispanic / Latino ☐ Asian ☐ American Indian

☐ Hawaiian / Pacific Island ☐ Asian & White

☐ African-American & White ☐ American Indian & Black

Other: _____

Monthly Budget

Item	Monthly Total
GIVING	
SAVINGS	
HOUSING	
First Mortgage/Rent	
Second Mortgage	
Repairs/Maint./Assoc. Fee	
UTILITIES	
Electricity	
Water	
Natural Gas	
Phone	
Municipality	
Cable	
Food	
TRANSPORTATION	
Car Payment	
Car Payment	
*Gas & Oil	
*Repairs & Tires	
Car Insurance	
*CLOTHING	
PERSONAL	
Disability Insurance	
Health Insurance	
Life Insurance	
Child Care	
*Entertainment	
Credit Cards/Misc.	
Total Monthly Necessities:	$

Individual Assistance Program Mission Statement

Help improve the quality of life for those afflicted with severe and persistent mental illness by providing short-term financial assistance.