



## Love Mom XOXO Foundation Inc.

### **NON FINANCIAL APPLICATION INFORMATION**

#### **Mission Statement**

The mission of Love Mom XOXO Foundation, Inc., is to perform activities which promote the development and handling of resources used to help surviving parents and their children under the age of 20, who suffered the unexpected, untimely loss of a co-parent or parent.

#### **How We Can Help**

It is a very stressful and emotional time not just for the children but also for the parents/guardians left behind. Parents have often said they feel as though they are being pulled down a dark path while trying to cope. Our goal is to help those parents stay off that dark path and provide them with various support systems to help them navigate as they assume this new, unexpected role. **While we hope to be able to offer financial assistance in the future, we are currently only accepting applications for OTHER types of assistance.** Some items may or may not include the following:

- |                              |                            |                    |
|------------------------------|----------------------------|--------------------|
| - Grocery/Food               | - Clothing                 | - Meal Planning    |
| - Personal Finance Referrals | - Health/Beauty/Toiletries | - Cleaning Service |
| - Holiday Planning           | - Support Groups/Mentoring | - Webinars         |

To be eligible for assistance, you **MUST**:

- Have had a relationship with the deceased in a parental capacity with children under the age of 20 or be a legal guardian of the deceased's children.
- Be listed on the children's birth certificate as their Mother/Father, show proof of adoption or proof of legal guardianship.
- Provide proof of Connecticut residency.
- Provide proof of identification with a copy of a State of Connecticut issued and unexpired photo ID.

**Please note: An application is NOT a guarantee of receiving assistance. Funds, services and items are limited and are based upon availability and eligibility.**

Please send application along with all copies of required documents to:

Love Mom XOXO Foundation, Inc.  
206 Woodlawn Dr.  
Seymour, CT 06483

All applications will be reviewed at the Love Mom XOXO Foundation, Inc.'s Board Meetings. You will receive a response indicating whether your request has been approved or denied, and what items or assistance we can offer.

Your application information will be kept private and confidential. By signing this document, you authorize Love Mom XOXO Foundation, Inc. to use such information for the sole purpose of determining eligibility for financial assistance. This application is needed to legally make sure you meet the criteria of our mission statement.

I have read and understand the above statement:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Love Mom XOXO Foundation Inc.

### APPLICATION FOR NON-FINANCIAL ASSISTANCE

(This page is to be completed by the person requesting assistance)

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Applicant's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State & Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

If applicant is a minor (under 18), name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Applicant's Relationship to Deceased: \_\_\_\_\_

At the deceased's date of death were you and the deceased:      Married    Separated    Divorced

Other: \_\_\_\_\_

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Deceased's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Cause of Death as Listed on Death Certificate: \_\_\_\_\_

#### Surviving Children:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M or F



## Love Mom XOXO Foundation Inc.

### HOUSEHOLD FINANCIAL INFORMATION

Is the applicant currently employed? Yes\_\_\_ No\_\_\_ Is the applicant currently working? Yes\_\_\_ No\_\_\_

FAMILY INCOME SOURCES (please check all that apply):

<input type="checkbox"/> Social Security (Retirement)	<input type="checkbox"/> Salary	<input type="checkbox"/> Pension
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> SSD (Disability)	<input type="checkbox"/> Short Term Disability
<input type="checkbox"/> Friends/Family Support	<input type="checkbox"/> Unemployment	<input type="checkbox"/> SSI
<input type="checkbox"/> Other - specify: _____		

#### **\*\*Acceptable Proof of Income\*\***

First two pages of signed copy of Income Tax Return (please black out social security numbers)  
OR

Copies of most recent paycheck, unemployment check or SSI, SSD, Public Assistance Benefit

**TOTAL ANNUAL FAMILY INCOME:** \_\_\_\_\_  
**(\*\*Application will not be processed if this information is not provided\*\*)**

### NEED REQUESTS OR INTERESTS

Please circle any immediate needs or interests you seek:

Grocery/Food	Tutoring	Child-Care	Travel	Mentoring
Clothing	Personal Finance	Cleaning Service	Webinars	Meal Planning
Support Groups	Holiday Planning	Health/Beauty/Toiletries		

Other: \_\_\_\_\_

Please be aware that funds, items and services are limited and based on availability. You must meet Love Mom XOXO Foundation, Inc's eligibility requirements. An application is **NOT** a guarantee of receiving assistance. All applications will remain confidential.

I certify that the above information is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Love Mom XOXO Foundation Inc.

### **Residency Documentation Information:**

You must provide two (2) pieces of mail proving Connecticut as your current state of residency. Both documents must:

- Show your name and your Connecticut residence address
- Be dated within 60 days of your application

Acceptable proof of residence documents:

- Bill from a bank, mortgage company, utility company, credit card company, physician or hospital.
- Bank statement
- Pre-printed paycheck stub showing your employer's name and address
- Property or excise bill
- Medicaid or Medicare benefit statement
- Current homeowner's renter's policy or motor vehicle insurance card dated within the previous 6 months.
- Current, valid Connecticut Driver's License or ID card.
- Current Connecticut motor vehicle registration
- Residential mortgage statement, lease or rental contact showing signatures from all parties need to execute the agreement and dated within the previous 12 months.
- Connecticut voter registration card
- Official school records showing enrollment

**\*\*\* INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED \*\*\***