



Application for On Your Feet Foundation Assistance

OYFF provides two basic types of assistance. The first is our mentoring/community support including retreats and functions throughout the year. The second type of assistance is our case management/grant program including assistance in establishing and supporting educational and career goals, budget and counseling.

For reporting purposes we ask that all birthparents working with OYFF fill out page 3-4 and the release on page 8, if you are also requesting financial assistance include pages 4-7.

Who Can Receive “On Your Feet” Assistance?

- Case management/community support is available to any birthparent in an open or closed adoption, in any state and placed at any time.
- Financial assistance is available to anyone who has given birth and placed a child for adoption in Illinois or Indiana within the past 36 months.

Who can apply to OYFF?

- To maintain privacy, referrals to the “On Your Feet Foundation” must be from:
 - The applicant herself/himself
 - An adoption agency
 - The applicant’s parents or legal guardian
 - Attorney

What Type of Assistance Do You Provide?

- All birth parents enrolled in the program will have a case manager working to network services and find strategies that are long-term and comprehensive.
- Financial assistance may be provided for school and school-related expenses, interim housing expenses, job counseling and job search-related expenses, interim job-related expenses, such as transportation or child care, and short-term counseling.
- Applicants are encouraged to identify other needs in addition to the above for consideration by the “On Your Feet Foundation.” The list above is an example of the types of assistance that will be considered, but you may have a unique need that will be considered.

Are There Any Types of Requests You Do Not Grant?

- Funds are not intended for crisis or emergency assistance including emergency rent, old debt or car repairs.
- Funds are not intended for long-term educational efforts, housing, or job assistance, but rather to help the birth parent “get on their feet” quickly and, if needed, to access other sources of longer-term assistance such as scholarships or loans, mortgage assistance, etc.
- Funds are not intended to replace funds from ongoing programs such as Medicaid, Section 8 housing assistance, food stamps, or scholarships, but rather to be an interim or supplemental source of assistance to birth parents.

How Much Assistance Do You Provide?

- Typical assistance ranges from \$50 to \$1,000 a year.
- The assistance is intended to help the birth parent get on their feet as quickly as possible, and is typically not renewed for a second year, except in unusual circumstances.

How Are Assistance Decisions Made?

- The “On Your Feet” Foundation makes decisions based on the financial and emotional needs of the birth parent applicants.
- The Foundation reviews a completed application and awards grants on an as-needed basis, contingent on funds being available.

How Long Does It Take To Get Assistance?

- Applicants will be notified within eight weeks of submitting a completed application and having an interview with a case manager from On Your Feet Foundation.

Who Receives the Funds?

- Similar to adoption assistance, funds will be disbursed to the organization actually providing the services to you. For example, test-taking fees would be sent on your behalf by the On Your Feet Foundation to the test provider, GED fees would be remitted on your behalf to the institution.

How Do I Receive An Application?

- Contact On Your Feet Foundation by calling 847-433-7820 and requesting an application. Or you can contact Vicki Twomey, the case manager for the Chicagoland area directly at 224-578-1850/OYFF@beakstar.com or Kim Tant, the case manager for the Indianapolis area at 615-554-8267/ kimtant321@yahoo.com.

Where do I return the application when completed?

- You can mail your application to: On Your Feet Foundation
655 Deerfield Rd. Ste.100 #264
Deerfield, IL 60015
- Or call one of our case managers to discuss your application: Vicki at 224-578-1850 for the Chicagoland area or Kim at 615-554-8267 for the Indianapolis area.



Application

Today's Date _____

Applicant's Name _____

Please check: Birthmother _____ Birthfather _____

Address _____

City _____ **State** _____ **Zip** _____

E-mail address _____

Daytime Phone _____ **Evening Phone** _____

Social Security Number _____ **Race** _____

Date of Birth _____ **Place of Birth** _____

Marital Status: _____ Married _____ Single
_____ Separated _____ Divorced

How did you hear about the On Your Feet Foundation?

_____ Adoption Agency : _____

_____ Attorney: _____

_____ Other: _____

What is the child you placed for adoption date of birth? _____

When did you place your child for adoption? _____
(date)

Please describe your relationship, if any, with your child and his/her adoptive family:

Which Adoption Agency, if any, handled the adoption? _____

(Name, phone, contact)

Which attorney, if you know, handled your adoption? _____

Anything else you would like to tell us? _____

If you are only interested in our mentoring/community support program skip to page 8 and fill in the release of information. If you are also interested in our case management/financial assistance/grant program please continue on page 5.

Continue if requesting financial assistance

How many years of school have you completed? _____

- High School _____
- Trade school _____ What kind? _____
- GED _____
- Some college _____
- A.A. _____ Area of study _____
- B.A. _____ Major _____
- Other _____ Please specify _____

Are you currently employed? _____

If Yes, Occupation _____ **Employer** _____

How Long _____ **Estimated net monthly income** _____

Please list past employment experience, including types of jobs and skills you possess

If married,

Spouse's occupation _____ **Employer** _____

How Long _____ **Estimated net monthly income** _____

- Are you living** _____ Alone
- _____ With your children How Many? _____
- _____ With your parents
- _____ Other _____

Number of Dependents _____

Names(s), ages (s) and relationship(s) _____

Are other adults in your household sharing living costs? _____

If Yes, explain _____

Have you been arrested and convicted of crime? _____

If yes, explain _____

This does not mean that you will not be eligible for a grant but is important for us to assess your needs.

Are you receiving any help from the following sources? Indicate "Y" if you are receiving support, "N" if you have investigated but funding was refused, or "N/A" if you have not investigated.

- | | |
|--|--|
| <input type="checkbox"/> Parental support | <input type="checkbox"/> Rent Assistance |
| <input type="checkbox"/> Food stamps | <input type="checkbox"/> Educational Scholarship |
| <input type="checkbox"/> Your place of worship | <input type="checkbox"/> Housing Authority |
| <input type="checkbox"/> Student Loans | <input type="checkbox"/> Medical Card |
| <input type="checkbox"/> Other _____ | |

Do you receive:

- | | | |
|---|----------|-------|
| <input type="checkbox"/> TANF? | \$ _____ | month |
| <input type="checkbox"/> Unemployment? | \$ _____ | month |
| <input type="checkbox"/> Social Security? | \$ _____ | month |

What is your current monthly income, including salary, child support, and any other income? _____

What are your monthly expenses? Include housing, food, utilities, telephone, transportation, child care, laundry, clothing, insurance, credit card and other debt, etc.

Please list three people who we may contact to receive a personal reference about you.
(Non-family members only). Please provide name, phone number and relationship to you.

1) _____

2) _____

3) _____

Explain what type of assistance you are requesting from On Your Feet Foundation.

Date assistance is needed? _____

What is the amount requested? *Please itemize all costs.*

If you receive the funds, please list at least three of your goals over the next 6 months, and how you would accomplish these goals.

What do you see yourself doing in five years?

This release does 2 basic things, it gives us permission to contact your agency, whom we depend on for referrals and allows us to use your non-identifying information in our statistical analysis to evaluate the effectiveness of our services and to obtain funding from donors.

Release of Information

I, _____ give permission to On Your Feet Foundation to exchange or release information regarding adoption services. I also give permission for On Your Feet Foundation to contact references and the adoption agency that provided services during pregnancy and adoption placement.

I am aware that On Your Feet Foundation is in the process of gathering research data and some of the statistical information gathered may be used for research. No confidential data such as names and addresses will be used for this purpose.

Signature

Date