

Opportunities for Kids Application for Assistance

Instructions: 1.) Fill in page 1 and page 2 of this Application for Assistance. 2.) Take page 1 to the person providing the activity. 3.) Mail the completed application (both pages) and attachments to:

Opportunities for Kids
P.O. Box 2075
Fallbrook, CA 92088

Name _____, _____, _____ DOB _____ Date _____
Last First Month/Day/Year

Address _____ State _____ ZIP _____
Number and Street Apt.

Telephone(_____) _____ Email _____

"I promise to do my best in school, lead a healthy life, and be a good citizen in my community."

Youth _____ Date _____

Parent or Legal Guardian:

Name _____, _____ Relationship _____
Last First Mother/Father, Legal Guardian

In consideration of the support provided by Opportunities for Kids, the following parent or legal guardian agrees that to the fullest extent of the law Opportunities for Kids shall not be held liable for any known or unknown injuries or disabilities, or death, or any other damages resulting from their child participating in or having participated in the activities supported by Opportunities for Kids and that all requirements of the organization conducting those activities shall be complied with.

Parent or Legal Guardian signature _____ Date _____

This information to be completed by the person providing the activity.

Name _____ Registered with O4K? Yes No
As registered with Opportunities for Kids

Address _____ City _____ State _____ Zip _____
Where activities will be provided

Activities to be provided to the above child _____

Dates for activities to take place: Beginning _____ / _____ / _____ Ending _____ / _____ / _____

Number of Activities (daily, per week, per month) _____

Fees Required for the Activities _____

Authorized signature of Registered Provider _____ Date _____

Opportunities for Kids

Application for Assistance: Part 2

In order to be eligible to receive assistance from Opportunities for Kids your family’s Annual Household Income must be at or below the Poverty Guidelines shown below.

Because your family’s income should remain confidential and anonymous, it is not necessary, nor recommended, that this page of your Application for Assistance be shown to anyone, including the provider of the activity who is responsible for completing the bottom portion of page 1. All of the information that you provide on this form will be protected by O4K and will not be released or shared with anyone.

Name _____, _____ No. of Persons in Family _____
Last First

Annual Household Income \$ _____

Please note: Proof of your annual household income is **required**. Attach a paycheck stub, W-2 form, tax return, or other documentation. Evidence that you are living on a State or Federal Assistance Program is also accepted.

Parent or Legal Guardian:

Name _____, _____ Relationship _____
Last First Mother/Father, Legal Guardian

By signing this form, I certify that the above information regarding our Annual Household Income is correct.

Signature _____ Date ____/____/____

Annual Household Income Poverty Guidelines	
Persons in Family	Poverty Guideline
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010
For families with more than 8 persons, add \$3,740 for each additional person.	