

OSC Families in Need Application

Operation Serving Children (OSC) seeks to improve the quality of life for all children. OSC works collaboratively with child relief agencies, therefore, there is a possibility that you will be referred to the appropriate agency that can better provide you with your needs. It is required that you have contacted at least five agencies in an effort to remedy your problem situation. Record below the names of the agencies, their phone numbers, and a contact person that you worked with at each agency. We will contact these agencies for reference. Indicate current status of all requests. Feel free to add a letter to help us better understand your needs and how we can help you. All information must be provided and factual for OSC to offer assistance. Applications are on a first come first serve basis and will be accepted as long as funding is available. All applicants are to complete a two-hour 'budgeting' workshop at Consumer Credit Counseling Services (941-316-9600 Ext: 134 to register for the Saturday Workshop). **Documentation to verify attendance is required before assistance is granted.** In submitting this application you agree to allow OSC and other agencies you record below to release information in order to verify your need status.

Name _____ Signature _____ Social Security _____

Address _____ Phone _____
Street City State Zip

Referral Agency: _____ Contact Person: _____ Phone: _____

List 5 agencies you have contacted, the name of the person you spoke with, and their number. Please list the names of all additional agencies you sought help from on the back of this page. Thank You!

1. Name _____ Contact Person _____ Phone _____

Outcome: _____

2. Name _____ Contact Person _____ Phone _____

Outcome: _____

3. Name _____ Contact Person _____ Phone _____

Outcome: _____

4. Name _____ Contact Person _____ Phone _____

Outcome: _____

5. Name _____ Contact Person _____ Phone _____

Outcome: _____

Complete Reverse Also

Please list all government aid or assistance the child(ren) is currently benefiting from:

Description of Current Needs: _____

Estimated Cost of Assistance: _____

Name of Child/Children:	Social Security Number	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE be sure to include copies of needed documents such as: eviction notices and leases; utility shut-off notices; medical records; etc. missing information delays assistance.

Make a copy for yourself and return this to OSC at the address below:

**Operation Serving Children
4411 Bee Ridge Road, #217
Sarasota, Florida 34233
Phone/fax: (941) 378-9755**

For Office Use:

Rec'd _____ Verified _____ BOD _____

Determination _____