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Charleston, South Carolina  
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## BIG HUGS FOR LITTLE HEARTS

# Child Resources Application

Date \_\_\_\_\_

*Thank you for your interest in applying to Receive Resources from Big Hugs for Little Hearts. Our application is used to track and ensure we provide all the available resources possible at the time of application. We utilize the information to ensure we are catering to all demographics in the areas we serve. Please provide as much information as possible so we can better support your nominated child with the available resources we have.*

### Applicants Contact Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Is this your mailing address? (Circle) Yes or No Marital Status? (Circle) Married Unmarried Separated

Resident Status? (Circle) Citizen Permanent Resident Other \_\_\_\_\_

Approx. Documentable Monthly Gross Income (All sources, excluding rental income) \$ \_\_\_\_\_

Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

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Amount \$ \_\_\_\_\_

Resource Provided: \_\_\_\_\_

Previous Employer if at the current position for less than a year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ from \_\_/\_\_/\_\_ to \_\_/\_\_/\_\_

**Your Age and Sex**

- Age: \_\_\_\_\_
- Sex: \_\_\_\_\_

**Your Race and Origin**

**Race:** *(Circle)*

- White only
- White Hispanic or Latino
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Two or More Races
- Hispanic or Latino
- Do not want to answer

**You're Population Characteristics**

**Veteran:** *(Circle)*

- Yes
- No
- Do Not Want to Answer

**Foreign Born Person:** *(Circle)*

- Yes
- No
- Do Not Want to Answer

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## Housing

**Housing:** *(Circle)*

- Own
- Rent
- Other \_\_\_\_\_

## Family and Living Arrangements

- How long have you lived at your current residence? \_\_\_\_\_
- Number of Persons in the household: \_\_\_\_\_
- Number of Dependents: \_\_\_\_\_
- Family estimated gross income: \_\_\_\_\_
- Languages spoken other than English at home: \_\_\_\_\_

## Computer and Internet Usage

- Do you have access to a computer? *(Circle)* Yes or No
- Do you have access to internet? *(Circle)* Yes or No

## You're Education

**Level of Education:** *(Circle)*

- High School
- Bachelor's Degree
- Master's Degree
- Other: \_\_\_\_\_

## Health

- **Do you currently have access to medical care?** *(Circle)* Yes or No
- **Name of Insurance Company:** \_\_\_\_\_
- **Are you currently disabled?** *(Circle)* Yes or No

## Transportation

**Type of Transportation you use?** *(Circle)*

- Own a vehicle
- Ride a Bus
- Carpool
- Other: \_\_\_\_\_

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**Income**

Occupation: \_\_\_\_\_

Estimated household Income from last year? \_\_\_\_\_

How did you file your taxes last year? *(Circle)*

- Single
- Married
- Other

Number of dependents: \_\_\_\_\_

Estimated Household Income for this year? \_\_\_\_\_

How do you expect to file your taxes this year? *(Circle)*

- Single
- Married
- Other

Number of dependents: \_\_\_\_\_

**Are you or your child currently receiving assistance from any of the following governmental resources?**

*(If yes, please circle all that apply)*

- Supplemental Nutrition Assistance Program (SNAP)
- Food Stamps
- WIC
- Health Insurance Marketplace
- Medicaid
- Child's Health Insurance Program (CHIP)
- Subsidized Housing, Housing Vouchers and or Public Housing Assistance
- Low Income Home Energy Assistance Program
- Supplemental Security Income Program (SSI)
- Temporary Assistance for Needy Families (TANF)
- Earned Income Tax Credit
- Head Start
- Federal Pell Grant Program
- Unemployment Benefits

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**Information for the child you are nominating for assistance:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Child's Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Sex: \_\_\_\_\_ Grade Level: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

The School your Child is currently enrolled in? \_\_\_\_\_

Is your child considered a Special Needs child? (Circle) Yes or No

Does your child currently have an IEP or 504 in place? (Circle) Yes or No

Your child's Race: (Circle)

- White only
- White Hispanic or Latino
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Two or More Races
- Hispanic or Latino
- Do not want to answer

Is your child currently under the care of or have a relationship with: (Circle)

- Child Protective Services
- Child Welfare Services
- Foster Care Services
- Social Services
- Other: \_\_\_\_\_
- None of the above

If yes, please provide a case number or contact to reference:

- Organization: \_\_\_\_\_
- Contact Name: \_\_\_\_\_
- Phone number: \_\_\_\_\_
- Email: \_\_\_\_\_
- Case number: \_\_\_\_\_

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**Your child's Personal Information:**

- Shirt Size: \_\_\_\_\_
- Pant Size: \_\_\_\_\_
- Shoe Size: \_\_\_\_\_

**Please tell us a little about what your child likes and dislikes?**

**Likes:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Dislikes:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What hobbies does your child have?**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**What are your child's current wants and needs that *Big Hugs for Little Hearts* may be able to assist with?**

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Please provide any additional information you feel would be important for us to know so that we can best assist you and your nominated child?

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Please provide three personal references that can speak to the needs of the nominated child.

Reference 1: Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference 2: Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference 3: Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*You have completed the initial application. Please mail the completed and signed form to our address above.*

*Upon review and approval, the next step will be to submit any additional personal financial statements or court documents. We will contact you regarding this.*

*If you would like to submit personal financial statements and or court documents prior to pre-approval, you may do so by attaching copies to the application. Documents that we may need and or request can include:*

- A copy of the applicant's driver's license
- A copy of one month's pay stubs for the applicant *(if applicable)*
- Verification of Medical Coverage *(if applicable)*
- Letters of Recommendation from the child's Primary Care Physician on specific medical procedures needed to be completed *(if applicable)*
- Copies of medical Invoices for completed procedures completed in the last six months for the child *(if applicable)*
- Copies of legal Invoices from the child's guardian enlighten or other lawyer for the child within the last six months *(if applicable)*
- A copy of the nominated child's birth certificate
- A copy of a bill or bank statement showing the child's current home address *(if applicable)*
- A copy of the custody agreement of the child nominated for services *(if applicable)*
- *A copy of any applicable court documents verifying the nominated child's abuse, abandonment or neglect (if applicable)*
- A copy of any court documents showing the applicants relationship to the child *(if applicable)*

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Amount \$ \_\_\_\_\_  
Resource Provided: \_\_\_\_\_

*I certify that the information in this document and any attached documents is true and correct. I agree that Big Hugs for Little Hearts, its representatives, and any individuals or entities providing information to Big Hugs for Little Hearts in good faith shall not be liable, to the fullest extent provided by law, for any act or occasion related to the evaluation or verification contained in this document, which is part of the Big Hugs for Little Hearts application. In order for Big Hugs for Little Hearts to evaluate my application for participation in and/or my continued participation in receiving resources, I hereby give permission to release to this organization information regarding (Child's name) \_\_\_\_\_. This authorization is expressly contingent upon my understanding that the information provided will be maintained in a confidential manner and will be shared only in the context of assessing my child's needs and approving or denying resources provided by Big Hugs for Little Hearts. This authorization is valid unless and until it is revoked by me in writing. I authorize my attorneys to discuss any information regarding this case with Big Hugs for Little Hearts.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Applicants Name:** \_\_\_\_\_

**Big Hugs for Little Hearts**  
**Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Representative's Name:** \_\_\_\_\_

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