



"Opening Doors,
Creating Opportunities
& Changing Lives."

Financial Aid and Benefit Assessment

Participant Name: _____ Date: _____

Parent/Guardian Name: _____

Address: _____

Medicaid: _____

Participant's Source(s) of Support (please check all that apply):

Amount/Month	Annual Family Income
_____ SSI _____	_____ \$0-\$20,000
_____ SSDI _____	_____ \$20,001-\$35,000
_____ TANF _____	_____ \$35,001-\$50,000
_____ Medicare _____	_____ \$50,001-\$65,000
_____ Trust(s) _____	_____ \$65,001-\$80,000
_____ Railroad Retirement _____	_____ \$80,001-\$100,000
_____ Public Aid (Link Card) _____	_____ \$100,001 and up
_____ Other (Specify _____	

In order to ensure the quality of our services to Opportunity Knocks participants, we count on the volunteer and financial support of those individuals and their families and friends. Please indicate below how you and/or your family and friends can become more involved with Opportunity Knocks.

_____ Annual Donation	_____ Corporate Involvement
_____ Monthly Pledges	_____ Fundraising Events
_____ Volunteering	_____ Other (please specify) _____

Opportunity Knocks, Inc. maintains strict confidentiality and security of information about a participant, parent or Opportunity Knocks business matters.

I affirm the above stated information is true and accurate. False information is grounds for possible program termination.

Signature _____

Date _____