



"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
_____ Monthly Pledges
_____ Volunteering

_____ Corporate Involvement
_____ Fundraising Events
_____ 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 _____