

**Operation Pocket Change**

P.O. Box 180  
Mountain City, TN 37683

Date Reviewed _____ Approved _____ Denied _____ Amount Approved _____ <b>OFFICE USE ONLY</b>
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**APPLICATION FOR DONATION  
FOR INDIVIDUAL AND/OR FAMILY**

The following information must be completed for your application to be considered by the OPC board. Please fill out completely and return to the nearest MEC office by no later than noon, the 2<sup>nd</sup> Tuesday of the month in order to be included in that month's meeting. Incomplete applications will not be accepted.

1. **Applicant** \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_  
 Home Phone or number where you can be reached \_\_\_\_\_  
 Employer or Source of Income \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_  
 Employer's City and State \_\_\_\_\_ Employer's Phone # \_\_\_\_\_  
 Other Income \$ \_\_\_\_\_ Source of other income \_\_\_\_\_

2. Other Members of your household (including relatives and non-relatives - state relationship - wife, husband, child, etc):

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Source of Income</u>	<u>Monthly Income</u>
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____
e. _____	_____	_____	_____	_____

3. **Amount Requested from OPC? \$ \_\_\_\_\_ (\$2,500 Maximum)**  
 Please Itemize:

<u>Amount Needed?</u>	<u>To Be Used For What Purpose?</u>	<u>Payable To Whom?</u>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

4. Please explain the circumstances that caused your to need funds from OPC. (Attach a separate sheet if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Are you receiving any form of assistance or aid for the above stated request(s) (Donations, Insurance, etc.)?  
 Yes \_\_\_ No \_\_\_ If yes, from whom? \_\_\_\_\_

6. Have you ever received funds from OPC? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

7. Please name three individuals who know your circumstances and can verify your need. (Must not be relative or a member of the OPC Board, or employees of MEC.)

<u>NAME</u>	<u>City &amp; State</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

8. Statement of Financial Condition as of \_\_\_\_\_ (Today's date)

Cash on Hand \$ \_\_\_\_\_  
 Bank Accounts \$ \_\_\_\_\_ Name of Bank \_\_\_\_\_ Location \_\_\_\_\_

Assets	Market Value	Payoff	Payable To?	Monthly Payment
Home .....	\$ _____	\$ _____	_____	\$ _____
Other Real Estate	\$ _____	\$ _____	_____	\$ _____
Auto .....	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____
_____	\$ _____	\$ _____	_____	\$ _____

9. Monthly Household Expenses:

Rent \$ \_\_\_\_\_  
 Water \$ \_\_\_\_\_  
 Electricity \$ \_\_\_\_\_  
 Propane/Nat. Gas \$ \_\_\_\_\_  
 Groceries \$ \_\_\_\_\_  
 Telephone \$ \_\_\_\_\_  
 Cable TV/Satellite \$ \_\_\_\_\_  
 Health Insurance \$ \_\_\_\_\_  
 Auto Insurance \$ \_\_\_\_\_  
 Home Insurance \$ \_\_\_\_\_  
 Transportation \$ \_\_\_\_\_

Other Monthly Expenses (Specify) - Credit Cards, Etc

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Do you have health insurance? \_\_\_\_ Yes \_\_\_\_ No. If yes, what kind (TN Care, Medicare, etc.)? \_\_\_\_\_

10. Any other information that you feel is important for the OPC Board to consider in reviewing your request.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please provide supporting documentation to support your request including: doctor's statements and/or prescriptions for medical cases; Quotes on work/equipment to be performed/purchased/installed; Supporting financial statements, detailed budgets describing use of funds, receipts of incurred expenses, etc.

The information contained in this statement is for the purpose of obtaining funding from Operation Pocket Change (OPC) on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and the OPC Board of directors may consider this statement as continuing to be true and correct until a written notice of change is provided. The OPC Board of Directors is authorized to make all inquiries they deem necessary to verify the accuracy of the statements made herein. I also hereby authorize the OPC Board to make inquiries into my personal records and/or files and to obtain information about me pertaining to my request for assistance.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Signature of Co-Applicant*

\_\_\_\_\_  
*Print Name of Co-Applicant*

## A. OPC By-Law Limitations

### **No money shall be used:**

- (a) to support any candidate for political office or any political office or any political purpose;
- (b) to pay energy bills or charges;
- (c) to finance any operation of MEC;
- (d) to support the operation of any organization employing full-time paid fundraising staff;
- (e) to support the administrative costs of the TRUST (OPC) program;
- (f) to support an organization's regular operating expenses or normal fund raising income;
- (g) to pay an instructor's wages;
- (h) to support school programs that are normally (or in the opinion of the OPC board should be) supported by school budgets;
- (i) to support school programs occurring during normal school hours and/or on school property;
- (j) to support school building/facility construction;
- (k) to support school related youth trips (travel, field trips, tournaments, parades, seminars, competitions, etc.) except for disadvantaged youth;
- (l) to support individual school group/team expenses (uniforms, team/individual's equipment, etc.);
- (m) to support reoccurring sport/league expenses, individual team assistance and team travel (for tournaments, field trips, etc.);
- (n) to support home repair not related to natural disaster or medical handicap;
- (o) to pay for individual's dental care/treatment;
- (p) to support individual in job-layoff hardship situation;
- (q) to support individual's non-medical travel (field trips, competitions, seminars, etc.);
- (r) to support individual when the assistance only delays a long term inevitability; and
- (s) to pay for funeral expenses.

Note that twenty-five percent (25%) of OPC contributions are designated for college scholarships.

## B. OPC Guidelines on Applying for Hearing Aid Assistance

For an application to be considered for assistance, the applicant will need to undergo a hearing examination by a certified audiologist or an Ear, Nose and Throat (ENT) Physician. Examination by a "Certified Hearing Instrument Specialist" or their equivalent is not acceptable. *This insures that the individual has a serious medical condition, and that a thorough examination has been conducted to determine the cause of the hearing problem and the actual need for hearing aids.*

The application must include:

- a. A written statement from applicant's physician or audiologist stating diagnosis, the severity of hearing problem and how hearing aids will help alleviate it. The statement must have the physician or audiologist's name, degree and contact information.
- b. A prescription by applicant's audiologist or ENT Physician documenting which hearing aids applicant needs.
- c. A quote(s) for the cost of the hearing aids prescribed.

Awards will be based on applicant's need and impact to applicant's quality of life. The OPC board will periodically set maximum award amounts and may require additional supporting information from the applicant.