



# Individual & Family Grant Application

The preferred method of application is online at [www.okcoop.org/oru](http://www.okcoop.org/oru). If you choose to submit a paper application, please make sure you have included all the required information. Incomplete applications will not be reviewed.

**Mail applications to: OEC Foundation, 242 24<sup>th</sup> Ave NW, Norman OK 73069 or drop it off at the front desk.**

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

Photo ID\* Include a legible copy of a recent photo ID. This is for identification purposes in our database.

Physical Address\* (Street Address, City, State, Zip Code)

Enter the street address of where you live or stay, even if you do not receive mail there.

How long have you lived at this address? \* \_\_\_\_\_

Enter Years and Months. Example: 1 yr, 2 mo.

Is your mailing address different? \*

\_\_\_\_\_ Yes, my mailing address is different from my physical address.

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

\_\_\_\_\_ No, I receive mail at my physical address.

Email or Traditional Mail (select one) \*

\_\_\_\_\_ I prefer email communication ONLY.

\_\_\_\_\_ I prefer Post Office delivered mail ONLY.

\_\_\_\_\_ Both/Either option will work.

Email communication is much quicker than traditional mail service. If you select post office only and we need additional information, your application may be delayed to the next scheduled foundation board meeting.

Decision letters will be mailed via post and emailed if an email address is available.

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

Phone Number: \_\_\_\_\_

Current Relationship Status\*

\_\_\_\_\_ Single

\_\_\_\_\_ Married

Spouse Name: \_\_\_\_\_

\_\_\_\_\_ Divorced

\_\_\_\_\_ Partnership (long-term relationship & you live together)

Partner: \_\_\_\_\_

\_\_\_\_\_ Widowed

## EMPLOYMENT

### Applicant's Job Status\*

Full-time Job (go to A)

Retired (go to C)

Part-time Job (go to A)

Disabled (go to D)

Unemployed (go to B)

A: Full & Part-time Job: *(Attach your most recent pay stub.)*

Where do you work? \_\_\_\_\_

How long have you worked here? (example: 3 yrs, 5 mo.)

Wages: (example: \$10/hr or \$2,000/mo) \_\_\_\_\_

*(Attach your most recent pay stub.)*

### B: Unemployed

Please explain why and how long you have been unemployed. \* (you may attach additional pages if necessary.)

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Have you applied for unemployment benefits?

Yes. I receive unemployment. *(Attach your most recent statement.)*

Yes. My application is pending.

No. I do not qualify. Explain why: \_\_\_\_\_

### C: Retired

When did you retire? \_\_\_\_\_

What was your previous occupation? \_\_\_\_\_

Do you receive SSI or retirement benefits?

Yes. I receive SSI/Retirement. *(Include your most recent statement.)*

My application is pending.

No. I do not qualify.

Other. Please explain. \_\_\_\_\_

### D: Disability

Yes. I receive SSDI/Disability. *(Include your most recent statement.)*

My application is pending.

No. I do not qualify.

Other. Please explain. \_\_\_\_\_

## DEPENDENTS\*

	Name	Birthdate	Age	Dependent lives with me. (circle one).	
1				YES	NO
2				YES	NO
3				YES	NO
4				YES	NO
5				YES	NO

For dependents not living with you, do you provide regular child support payments?

Explain if necessary:

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## FINANCIALS\*

ASSETS	Value	Year/Make/Model/Other Notes
Bank/Savings		
Vehicle 1		
Vehicle 2		
Home Value		
INCOME	Monthly Receipts	Other? (Specify)
Salary		
SSI/SSDI		
Child Support (received)		
Pension/Retirement		
Other Income?		

<b>DEBT</b>	<b>Monthly Debt</b>	<b>Other? (Specify)</b>
Credit Card Debt		
Auto Loan		
Child Support Paid		
Medical Bills		
Car Payment(s)		
Other Debt?		
<b>BILLS</b>	<b>Monthly Payments</b>	<b>Other? (Specify)</b>
Rent/Mortgage		
Gas/Electric		
Food		
Water/Trash		
Telephone		
Cable/TV/Internet		
Auto Gasoline		
Other bill?		

Use this space to include issues or circumstances not listed above that you'd like the board to consider.

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## Medical Requests

ORU funds many medical needs, but eye care and dental are two of the most requested grants. Below is what you can expect for an eye care or dental request.

**EYE CARE:** No estimate is required in advance. If approved, you will receive up to \$250 for single-vision lenses and up to \$350 for multifocal lenses. This includes the complete exam and frames.

If you have other vision needs, the board will consider your situation on a case-by-case basis. Upload a detailed treatment plan from your optometrist.

**DENTAL:** No estimate is required in advance. If approved, you will receive up to \$600 for dental care (including dentures). We partner with the Oklahoma Dental Foundation to provide free care through the MobileSmiles RV dental unit. This includes fillings and extractions.

If more costly dental care is required, the board will consider your situation on a case-by-case basis. Upload a detailed treatment plan from your dentist.

**HEARING AIDS:** No estimate is required in advance. If approved for hearing aids, the board will approve up to \$600. We partner with other organizations to help you obtain additional funding to cover any out-of-pocket costs.

**OTHER:** Other medical needs will be reviewed and determined for funding on a case-by-case basis. Please provide a description of your need and an estimate of costs.

**If you have a question or want to verify your request qualifies, call ORU coordinator Tory Tedder-Loffland at 405-217-6726 or email [ORU@okcoop.org](mailto:ORU@okcoop.org).**

## Clothing and Household Items

If you are needing funds to purchase clothes for your school-aged child in Norman or Little Axe, we will first refer you to Assistance League's Operation School Bell. The OEC Foundation supports Operation School Bell with an annual grant to help their mission of meeting students' basic needs so they arrive to class ready to learn.

Assistance League's Operation School Bell requires a referral from a student's teacher or school counselor. Contact your child's school for more information.

Other clothing and household item requests will be reviewed on a case-by-case basis.

## Housing

Operation Round Up may not help with utility bills or rental assistance. Requests in this category might include repairs after storm damage, assistance with an insurance deductible for roofing repair, or modifications for mobility assistance like wheelchair ramps.

**Bids for construction work are required for this category. Please upload more than one bid.**

If you have a question or want to verify your request qualifies, call ORU coordinator Tory Tedder-Loffland at 405-217-6726 or email [ORU@okcoop.org](mailto:ORU@okcoop.org).

## Education and Youth Programs

Operation Round Up funds many special needs education programs like Special Olympics, helps adults return to school for continuing education and other needful programs, and other similar programs/needs.

ORU does not sponsor sports teams, sporting events, or school fundraisers. Such requests may be sent directly to OEC. Fill out the request form found at [www.okcoop.org/sponsorships-scholarships](http://www.okcoop.org/sponsorships-scholarships). (scroll to the bottom of the page).

**If you have a question or want to verify your request qualifies, call ORU coordinator Tory Tedder-Loffland at 405-217-6726 or email [ORU@okcoop.org](mailto:ORU@okcoop.org).**

## Community Service

This category is typically only used by non-profit organizations, fire and police departments, and medical establishments.

If you have a question or want to verify your request qualifies, call ORU coordinator Tory Tedder-Loffland at 405-217-6726 or email [ORU@okcoop.org](mailto:ORU@okcoop.org).

## LETTER OF RECOMMENDATION\*

Attach a letter from someone outside your family who can attest to your situation and needs. The letter should clearly state how the individual knows you, how long they have known you, and what they know about your situation and needs regarding your request.

Your recommendation letter should be signed and include their full name, address, and phone number. The letter should also reference your full name. Good recommendation letters come from doctors, counselors, case workers, employers, pastors, etc.

Letters may be sent separately from this application. Applications will be considered incomplete until the letter of recommendation is received. Mail letters of recommendation to: OEC Foundation, 242 24<sup>th</sup> Ave NW, Norman OK 73069.

## REFERENCES (personal and/or professional) \*

List three (3) personal and/or professional references. They may be called by an OEC Foundation board member or staff. This is not a request for a letter. These people may be related and may be contacted for questions or if you cannot be reached timely.

Reference 1

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

Reference 2

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

Reference 13

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

## OPTIONAL QUESTIONS

Is anyone else helping you with this request? Who? \_\_\_\_\_

Do you have a case manager or other resources? \_\_\_\_\_

How did you first learn about Operation Round Up? \_\_\_\_\_

Sometimes, the OEC Foundation board has relationships with other organizations that can help with requests. Do we have permission to share your information with another non-profit organization? All personal data will be shared in confidence and only so they might contact you. Saying no at this time will not preclude our offering another agency's services, but it may slow down the response time.

\_\_\_\_\_ Yes, the OEC Foundation may share my information with another agency that may help me.

\_\_\_\_\_ No, do not share my information without notice. I understand I can change my mind later.

This application was prepared by (check one) \_\_\_\_\_ myself or \_\_\_\_\_ someone else.

If prepared by someone else:

Preparer's Name: \_\_\_\_\_

Preparer's Phone Number: \_\_\_\_\_

Preparer's Email Address: \_\_\_\_\_

Preparer's Mailing Address: \_\_\_\_\_

Preparer's Relationship to Applicant: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_