



SNAP Application Program

Your child's teacher, therapists, social worker or other professional who works closely with your child can help you fill out this application. Please mail the completed application to:

SNAP  
971 E Monroe Street  
Morton, IL 61550

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Date: \_\_\_\_\_ Child's name: \_\_\_\_\_ Child's birth date: \_\_\_\_\_

Child's diagnosis \_\_\_\_\_

Name of parent(s)/legal guardian(s) & relationship: \_\_\_\_\_

Parent/Guardian's email address: \_\_\_\_\_

Parent/Guardian's phone number: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Name of person completing application: \_\_\_\_\_

Relation to child: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Referred to SNAP by: \_\_\_\_\_

Parent/Guardian's occupation & place of employment: \_\_\_\_\_

Parent/Guardian's occupation & place of employment: \_\_\_\_\_

Household yearly income: \_\_\_\_\_ Number of dependents in the child's family: \_\_\_\_\_

Type of health insurance: \_\_\_\_\_

Has the family ever received assistance from SNAP in the past? If so, when and in what form?  
\_\_\_\_\_  
\_\_\_\_\_



Please provide a brief description of the child's situation, the family's ability and willingness to participate financially in the purchase, and other sources of financial assistance and the amount. Please feel free to attach additional pieces of paper if you need more room.

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Please identify specific equipment, services or resources that you know could help the child.

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*Signature is required of all legal guardians. I (We) stipulate that the information included in this application is true to the best of my (our) knowledge. Further, I (We) understand that the presence of inaccurate information in this application could result in the need for the re-evaluation on the part of SNAP.*

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Signature of Parent/Legal Guardian Date

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