

**St. Peter's Jacobite Syriac Church**  
**150 E Belle Dr.**  
**Northlake, IL, USA - 60164**  
**“Gift for the Gifted” Project ‘2021**

**Proforma for Assessing Applicant's Eligibility**

**Application Criteria**

Applicant should:

- Not be having a stable and adequate income to buy required mobility devices or medical equipment for him and/or his dependents (example: wheelchairs, beds, walkers, cane, urinal, hearing aids etc.)  
OR
- Be having financial difficulty to utilize the talents of their differently abled children to purchase the necessary equipment, devices or other things for their recreation and generating a small income.
- Be facing hardship owing to one (or more) of the following:
  - Have a life-threatening ailment or disability that hinders a livelihood.
  - Have children who are Autistic, Down Syndrome, disabled etc.
  - Have elderly parent(s) with ailments or disability and is/are dependent on the applicant.
  - Have difficulty to meet medical and/or education expenses of the deceased or differently abled children or dependent.

**Supporting Documents**

Applicant should submit following to substantiate the eligibility:

1. A self-attested application
2. Medical documents related to disability, treatment of differently abled children (desirable)
3. Recommendation letters from noted personalities/leaders/priests etc.
4. Completed questionnaire.

Please note:

Applicants may submit the questionnaire and all other supporting documents at [charity@stpeterschurchchicago.org](mailto:charity@stpeterschurchchicago.org) or via postal mail to the church address above to prove applicant's eligibility.

## Questionnaire

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_  
Date of Birth : \_\_\_\_\_ Gender : \_\_\_\_\_  
Marital Status : \_\_\_\_\_ Occupation : \_\_\_\_\_  
Spouse's Name : \_\_\_\_\_ Spouse's Occupation : \_\_\_\_\_  
Education of applicant : \_\_\_\_\_  
Address : \_\_\_\_\_

Please list Dependents below:

**Children :**

Name	Gender	Date of Birth	Schooling (Class/Grade)	Disabilities, if any

**Elderly Parents living with you:**

Name	Gender	Date of Birth	Relation to applicant	Disabilities/Illnesses, if any

1. Do you belong to BPL (Below Poverty List) ? : Yes / No (Please circle the correct answer)
  
2. Are you living in your own house or rented? :
  
3. What is your household annual income? :

4. Do you or anyone in your household have any disabilities or illnesses? : Yes / No (Please circle the correct answer).

If yes,

- a. Who has the disability (name, relation to applicant)? :
- b. Nature of disability/illness :
- c. How long have you had this disability/illness ? :
- d. How long would you need treatment ? :
- e. Name of the Physician/Hospital where treated :
- f. How much do you spend on treatment, monthly ?
- g. Does this disability/illness immobilize you ? Yes / No (Please circle the correct answer)
- h. Are there any different skills, abilities or talents? If yes, explain.
- i. What mobility device or medical equipment do you currently use?
- j. Are you in need of any other mobility device or medical equipment or any other instruments/supplies in addition to what you already have ? Yes / No (Please circle the correct answer)

If yes,

1) Please list device(s) and/or equipment that you need:

2) What would be the cost of buying the above items(your best estimate):

3) Will you be able to provide an estimate from a hospital/distributor/shop? Yes / No (Please circle the correct answer) . If yes, please send with supporting documents.

5. Are you able to provide a Doctor's or medical certificate to justify your need ? Yes / No (Please circle the correct answer) . If yes, please send with supporting documents.

6. Are you currently receiving support from other sources? Yes / No (Please circle the correct answer)  
If yes, give details :

7. Do you have two references who can vouch for your case?

If yes,

Name of Reference 1 :

Phone Number :

Address :

Name of Reference 2 :

Phone Number :

Address :

8. Any other details you may wish to provide that would prove valuable in your case? :

DECLARATION BY THE APPLICANT:

I hereby declare that all particulars furnished above are completely true. I also understand that my eligibility to get financial aid under this project is purely upto the discretion of the St. Peters Church, Northlake, IL

Print Name of the Applicant:

Signature of the applicant :

Date: