

Date of Application _____

Blitz Staff Only # of Beds Requested _____

Bed Blitz Application

Please fill out all parts of this application so we may properly assess your child's need for a bed. APPLICATION MUST BE RECEIVED AT THE TOOL LIBRARY BY 7PM, **SEP 26TH, 2019.**

*Please note: some of the information gathered is for statistical purposes, please answer honestly. Information provided is kept confidential.

GUARDIAN'S NAMES _____ **RELATIONSHIP TO CHILD** _____

MAILING ADDRESS _____ **CITY, STATE ZIP** _____

HOME PHONE _____ **WORK PHONE** _____ **CELL PHONE** _____

E-MAIL ADDRESS _____ **COUNTY OF RESIDENCE** _____

LIST ALL CHILDREN IN THE HOUSEHOLD AND INDICATE WHICH CHILD/CHILDREN WOULD RECEIVE THE REQUESTED BED(S).

NAME	SCHOOL NAME	AGE	GENDER	BED REQUEST Y/N
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N
				Y/N

NUMBER OF ADULTS OVER 18 IN THE HOUSEHOLD _____ **NUMBER OF THOSE ADULTS EMPLOYED** _____

TOTAL ANNUAL HOUSEHOLD INCOME _____ *(INFORMATION WILL BE KEPT CONFIDENTIAL.)*

NUMBER OF BEDROOMS IN THE HOME _____ **NUMBER OF BEDS CURRENTLY IN THE HOME** _____

DESCRIBE BRIEFLY THE CURRENT SLEEPING ARRANGEMENTS OF THE CHILDREN CURRENTLY LIVING IN THE HOME

I UNDERSTAND THAT ALL BEDS MUST BE PICKED UP BY **12PM** ON **SATURDAY, OCT 12TH** _____ **(APPLICANT INITIALS)**

I CERTIFY ALL INFORMATION IN THIS APPLICATION IS TRUE

_____ / ____ / ____

GUARDIAN SIGNATURE **DATE**

Date of Application _____

Blitz Staff Only # of Beds Requested _____

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD CURRENTLY SERVING OR PREVIOUSLY SERVED IN THE MILITARY? Y/N

CURRENTLY SERVING PREVIOUSLY SERVED

MULTIPLE REQUESTS FOR ONE FAMILY DOES NOT GUARANTEE ALL APPLICANTS WILL RECEIVE A BED.

- IF WE ARE UNABLE TO PROVIDE A BED TO YOU, WILL YOU ALLOW US TO SHARE YOUR INFO WITH ANOTHER AGENCY OR GROUP WHO MAY BE ABLE TO PROVIDE ASSISTANCE TO YOU? YES NO
- HAVE YOU RECEIVED A BED IN PREVIOUS YEARS FROM THE BED BLITZ PROGRAM? YES NO

ADDITIONAL INFORMATION AND INSTRUCTIONS

1. PLEASE UNDERSTAND NOT ALL APPLICANTS WILL RECEIVE A BED.
2. ONLY SCHOOL AGE CHILDREN 4-18 WHO ARE CURRENTLY IN SCHOOL ARE ELIGIBLE TO APPLY.
3. THERE IS ONLY ONE DESIGN FOR BEDS (YOU MAY NOT MAKE SPECIAL REQUESTS).
4. TWO WEEKS AFTER THE APPLICATION DEADLINE DETERMINATIONS WILL BE MADE. WE WILL CONTACT YOU THROUGH THE E-MAIL OR PHONE WITH A PICK UP DATE AND LOCATION (DO NOT CONTACT US).
5. PLEASE FILL OUT ALL INFORMATION HONESTLY AND TO THE BEST OF YOUR ABILITY. PLEASE PROVIDE ACCURATE CONTACT INFORMATION.
6. IT IS YOUR RESPONSIBILITY TO NOTIFY US IF YOUR CONTACT INFORMATION CHANGES. PLEASE DO SO VIA US POSTAL SERVICE OR E-MAIL bedblitz@westbloomington.org (failure to do so may result in a loss of awarded bed)
7. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.
8. YOU MUST MAKE ARRANGEMENTS TO PICK UP YOUR BED IF YOU ARE RECEIVING A BED (BEDS WILL NOT BE DELIVERED).
9. ELIGIBILITY IS DETERMINED BY TIMELY SUBMISSION, COMPLETE INFORMATION, AND NEED.

APPLICATIONS SHOULD BE EMAILED/MAILED OR DELIVERED TO:
WBRP TOOL LIBRARY, 724 W Washington, Bloomington, IL 61701
 Phone: 309-829-1200 Email: bedblitz@westbloomington.org

TO BE CONSIDERED ALL APPLICATIONS MUST BE IN THE OFFICE LISTED ABOVE BY 7PM, THURSDAY, Sept 26, 2019.

For survey purposes only, selection is not based on this information. Please indicate race/ethnicity:
 Hispanic/Latino _____ Asian _____ Other _____
 Caucasian/White _____ Native American _____
 Black/African American _____ Pacific Islander _____

Referring Agency _____ Referring Agent Initials _____

BLITZ STAFF ONLY – APPROVED: YES NO # of Beds _____