

# DO YOU QUALIFY FOR THE NEED-BASED FUND?

The Need-Based Fund budget makes it impossible to give money to everyone who requests it. Even if you were able to get Need-Based Funds in the past, it doesn't necessarily mean you'll be approved this time. If you answer yes to ALL THREE of these questions you are eligible to apply for the grant:

ARE YOU BETWEEN  
THE AGES OF 16 AND 23?

DO YOU NEED MONEY  
FOR AN EMERGENCY?

ARE YOU UNABLE TO GET WHAT YOU  
NEED FROM ANOTHER RESOURCE?

(FOR EXAMPLE, IF YOU NEED TO BUY GROCERIES,  
YOU CAN GO TO A FOOD PANTRY.)

## STILL THINK YOU QUALIFY?

Complete the form and submit to Lindsey. If you do not provide all the requested information, you may not qualify. Once submitted, the application takes 10 to 14 days to process as long as the application is completely filled out.

## READY TO FILL OUT AN APPLICATION?

Contact Lindsey Drake at [ldrake@hublincoln.org](mailto:ldrake@hublincoln.org) to make a request or ask questions.  
You can also reach Lindsey at 402-580-9247.

# The Need Based Fund-Central Access Navigation

## Eligibility

- Youth aged 16 through 24 years old
- Current or former ward with an active case at the age of 16 or older
- Are in an emergency situation

## Details

- Application process take 10 to 15 days to process as long as the application is completely filled out accurately when received
- Can apply for up to \$500.00 in a consecutive 12-month period
  - Unless applicant does not show proof of purchase, then applicant would be placed on a 18-month suspension period

## Covered Expenses (Unless other resources in your service area are available)

- Housing - rent, security deposit
- Utility bills, electric or water
- Transportation to work or school - (**must have employment or attend school**), bus passes, car repairs
- Education/Job expenses: college classes, GED, books, or job uniform (**directly for job/educational programs**)
- **Other: case-by-case review of needs**

**\*If youth is still in care, the Need-Based Fund does not provide food, clothing, or hygiene items (foster parents provide this).**

## **The Need-Based Fund does not cover:**

- Traffic tickets or court costs
- Child support
- Cable or internet
- Individual Development Account deposits
- Entertainment
- Electronics
- Cell phone/bill
- Other

## **Contact Information:**

**Lindsey Drake – Central Access Navigator**

- **ldrake@hublincoln.org**
- **402-580-9247**

# Need Based Fund

**Return to:** 1037 South 12<sup>th</sup> Street, Lincoln, NE 68508

**Questions:** Call Lindsey Drake at 402-580-9247 or email [ldrake@hublincoln.org](mailto:ldrake@hublincoln.org)

*Applications must be filled out by the person requesting funds. Exceptions may be made due to disability if stated on the application. Applications will be reviewed as received. Please allow up to 15 business days for review and processing of applications if they are filled out completely. If approved, applicant may receive up to \$500 within a 12-month period (as long as proof of purchase requirements are met).*

## General Information

Amount requested \$ \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

☐ Male ☐ Female ☐ Trans\*/Transgender ☐ Other: \_\_\_\_\_ Social Security # \_\_\_\_\_

☐ Black/African American ☐ Hispanic/Latino ☐ Native Hawaiian/Other Pacific Islander ☐ Native American/Alaskan Native  
→ Are you part of a federally recognized tribe? **Y or N**

☐ White/Caucasian ☐ Asia ☐ Other: \_\_\_\_\_ ☐ Prefer not to specify

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Email \_\_\_\_\_

Name and Address of Payee/Vendor: \_\_\_\_\_  
\_\_\_\_\_

## Background Information

What is your current living situation? (e.g. with relatives, a friend, on your own, homeless, etc.) \_\_\_\_\_

Are you currently a state ward or in foster care?..... ☐ Yes ☐ No

If not, how old were you when your case was closed? \_\_\_\_\_

List a professional reference who can verify that you were a state ward (DHHS/NFC caseworker, Independent Living worker).

Reference Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

## Financial Information

Are you getting assistance from other programs or resources?..... ☐ Yes ☐ No

If yes, explain from where: \_\_\_\_\_  
\_\_\_\_\_

Have you tried to get assistance from other programs or resources?..... ☐ Yes ☐ No

If yes, explain from where: \_\_\_\_\_  
\_\_\_\_\_

Are you currently employed?..... ☐ Yes ☐ No

If yes, where and how many hours do you work per week? \_\_\_\_\_  
If no, explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently enrolled in school (e.g. GED, high school, college, voc rehab, etc.)?..... ☐ Yes ☐ No

If yes, where and list any scholarships or financial aid you receive: \_\_\_\_\_

### Current Monthly Budget

List your current monthly income (include wages, allowance, financial aid, other): \_\_\_\_\_

List your current monthly expenses: \_\_\_\_\_

Savings Account balance: \_\_\_\_\_ Checking Account balance: \_\_\_\_\_

### Need Information

Describe your need **in detail**, including specific amounts you request. The more information you provide, the more helpful it will be for the committee to review and approve your application. **Incomplete or vague information may lead to application being denied.**

### Applicant Statement

I certify all information on this application is true, complete, and accurate. I understand any information given falsely or withheld may make me ineligible for consideration or award. I understand that funds must be used for the purpose stated on this application and that I will be required to submit proof of purchase.

I authorize The HUB, as a Nebraska Management Information System (NMIS) user agency and its contracted agents, to disclose my basic identifying information to NMIS and to all of the NMIS user agencies. The disclosure will be made by entering the information into the NMIS database. Once the disclosure has been made in reliance upon this authorization, the information cannot be retrieved, and all to collect, share, and use basic identifying information about services recipients.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Are you a member of a Project Everlast Council?..... ☐ Yes ☐ No

If no, would you like more information or to be contacted by the local Youth Advisor?..... ☐ Yes ☐ No

### Office Use Only:

Approved: \_\_\_\_\_ Paid Out Date: \_\_\_\_\_

Usage: Housing \_\_\_\_\_ Bills \_\_\_\_\_ Education \_\_\_\_\_ Transportation \_\_\_\_\_ Parenting Needs \_\_\_\_\_  
Clothing \_\_\_\_\_ Food \_\_\_\_\_ Health Care \_\_\_\_\_