



ILLINOIS MASONIC OUTREACH SERVICES
 GRAND LODGE OF A.F. & A.M. OF THE STATE OF ILLINOIS



APPLICATION FOR SERVICES

Master Mason Information				
Last Name	First Name	Middle	Lodge Name and No.	
Street Address		City	State	Zip
Phone Number	Email	DOB	Date of Death (if applicable)	Marital Status
Knights Templar?	Other Appendant bodies? May we contact on your behalf yes/no?			#years?
Spouse/Widow (Last, First)	DOB	List all who resides at residence (Name, relation, age)		
Emergency Contact Information/Power of Attorney (Name, Relationship, Phone Number):				
What type of assistance are you requesting? (Please be specific. Applications without this information will not be processed)				
List and explain any and all medical issues that you and your spouse have had. Are you currently experiencing any medical issues? Please elaborate. (Required)				
Please identify any programs of assistance that you have applied to as well as the resulting outcome. Please provide copies of determination letters with the submitted application.				

Assets

Bank Name(s) checking/savings list all:	Balance \$	Ownership

Retirement Funds (e.g. IRA's, 401K)

Name of Issuer	Value \$	Statement Date	Ownership



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Stocks/Bonds/CDs

Name of Issuer	Face Value/# shares	Interest Rate	Ownership

Property

Does the applicant own any property?	Duration (years):	Estimated Value:	
Address:			
Do you reside at the address above?	Debt:	To whom:	
Other property address:			
Estimated Value:	Debt:	To whom:	
Does another person hold any other property of any value for you? (give details)			

Motor Vehicles

Year:	Make/Model:	Mileage:	Estimated Value:	Debt: \$
(1)				
(2)				

Life Insurance/LTC/Burial

Do you have life insurance? (If yes, please provide a copy and details below)
Company/Face Value/Paid up/Beneficiary:
Do you have a funeral and/or burial plan: (If yes, please provide a copy)
Long Term Care Insurance? (If yes, please provide a copy)

Income (Please identify ALL that apply to you; or N/A if not applicable)

Source	Applicant	Spouse	Total monthly amount (\$)
Social Security			
Employment/ Unemployment			
Pension/Retirement			



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VA benefit			
SNAP/Medicaid/LIHEAP			
Other Income (define)			

Monthly/Annual Expenses (Please identify ALL that apply to you: or N/A if not applicable)

Source	Applicant	Spouse	Monthly total (\$)	Annual total (\$)
Rent or Mortgage				
Property taxes if not included above				
Home/rental insurance if not included above				
Utilities (electric/water/gas)				
Waste pickup/trash				
Phone – landline, cell				
Cable/internet				
Medical Premium if not auto deducted				
Supplemental Insurance				
Hospital/LTC insurance				
Prescription Medication				
Over the counter meds				
Medical visit/bills etc.				
Life Insurance – if not auto deducted				
Automobile payment (1)				
Automobile insurance (1)				
Automobile payment (2)				
Automobile insurance (2)				
Automobile oil changes/inspections (all)				
Gasoline				
Other (describe)				

Other Debt (Credit Cards, Loans, etc.)

Financial Institution/Creditor	Total Balance (\$)	Monthly Payment (\$)

Additional Question and Signatures

Within the past five (5) years have you made any gifts or loans of money, stocks, bonds, land or other property, real or personal, having a value of more than \$100.00? Yes/No (If yes please describe the gift; date given and to whom)



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Please Read Carefully - Upon submission of this application, I understand and agree that:

1. I have the responsibility and obligation to provide the Illinois Masonic Outreach Services (IMOS) program with any and all other information that might affect the decision to render assistance, including but not limited to: inheriting money or other assets, receiving benefits from additional sources; cancellation of any or all debts; bankruptcy proceedings; any gift of money or other benefits from any other person or entity; and all other similar or related things.
2. I have a continuing obligation to immediately notify IMOS of any substantial change in my financial and/or living circumstances now and in the future and agree to a periodic reevaluation of my case which includes an annual visit to my home.
3. My family and I have the continuing obligation to participate in, and to actively seek out, all available public or private assistance from any and all other programs, including but not limited to programs such as: Medicare, Medicaid, Medicare Supplemental Insurance, Veterans benefits and other State and local assistance.
4. The provision of assistance by the IMOS program may be conditioned upon receipt of a lien upon all or a portion of my real estate and personal property.
5. The provision of discretionary assistance by the IMOS program may be conditioned upon IMOS being named the sole or primary beneficiary of any and all life insurance policy(s) that I currently own or hereafter acquire.
6. IMOS is a charitable corporation and has the absolute right and authority either to grant or withhold assistance; and if assistance is granted, it may be terminated at any time and for any reason. I understand and agree that assistance, if granted, is provided on a charitable basis for a charitable purpose and creates absolutely no rights, privileges, entitlements, claims demands, or grounds for any action at law, in equity or mixed by myself, my family or any other person; and that no person may rely upon the extension of any assistance to me by the IMOS program as a basis for that person making any other provisions for me, my spouse or other person.
7. I have read this entire Application for Services, or it has been read and explained to me. I waive any right to have an attorney of my choosing read and approve the same; or alternatively, an attorney of my choice has read and approved the same. All of the facts and circumstances contained in this Application for Services are true, according to the best of my information, knowledge, and belief.
8. I represent and warrant that I fully and completely understand and agree that this document does not constitute a contract for the provision of assistance, and that if any assistance is provided to me it is provided under the charitable guidelines of IMOS.
9. I will cooperate in the periodic reevaluation of my situation and consent to any and all modifications or adjustments made in the assistance granted to me by IMOS.
10. I understand and recognize that no person evaluating or investigating my application on behalf of IMOS, no individual director or officer of IMOS and no officer or agent of the Masonic Grand Lodge of Illinois has any authority to bind IMOS or the Masonic Grand Lodge of Illinois to grant any benefits requested or to be requested by me. IMOS and the Masonic Grand Lodge of Illinois disclaim that that any representative has any actual or apparent authority to bind IMOS or the Masonic Grand Lodge of Illinois in this regard.
11. I authorize IMOS to investigate my background and qualifications for purposes of the evaluation this application, verification of information provided by me, and risk management. This authorization is effective when I sign this application and will continue as long as I am involved with Illinois Masonic Outreach Services.

Signature

Date



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Compliance Agreement

In consideration of being awarded assistance, you, as a participant agree that your participation in the Illinois Masonic Outreach Services (IMOS) program is voluntary and that there is no right to receive assistance nor does getting assistance create any relationship or right. IMOS is a charity program and the decision as to whether a participant qualifies or receives assistance is at the sole discretion of IMOS. Likewise, the amount or level of assistance, its terms and the length of that assistance is at the sole discretion of IMOS. You agree to further assessment of need on an ongoing basis. While you are active in the IMOS Program, you will submit documentation to support the continued need for services at three to six month intervals, the dates to be determined based upon individual case circumstances and the initial date of award. In addition, you have the following Rights and Responsibilities through the IMOS program.

You have the Right to:

- Apply for these or future services provided by the IMOS program.
- Discuss your personal or family matters in a confidential manner unless a request is made otherwise or we are required by law to reveal them.
- Be treated professionally, with dignity and respect throughout the entire process.

It is your Responsibility to:

- Take advantage of governmental or other programs in which you are qualified to participate.
 - Any recipient of financial assistance, who does not cooperate and participate in the available governmental or other programs, may be denied future assistance by the IMOS program.
- Contribute toward the cost of your current need.
- Meet the Age and Length of Membership Guidelines as outlined by the IMOS program or to provide the program with documentation that substantiates an exception to the guidelines.
- Provide accurate and honest information including timely submission of financial documents and requests for supplemental information.
- Use the funds allocated by IMOS to pay for expenses as outlined in the award letter.
 - It is important to remember that all financial assistance provided by IMOS must be used for approved expenses only. Examples of misuse of financial assistance include, but are not limited to:
 - Making loans (even if repaid) or giving money to family members, friends, or others.
- Buying furniture, appliances, vehicles or other high cost items that have not been discussed with the IMOS program. Promptly inform the IMOS program any significant change in financial status.

You MUST inform IMOS immediately if:

- You begin to receive benefits or income from additional sources such as Veteran's Benefits, SS, or SSDI, or if you gain or lose employment or benefits.
- You move to another location or living situation, or if someone else moves into or out of your residence.
- You are hospitalized or moved to a nursing home or rehabilitation facility.

Agreed for myself and, if applicable, my spouse:

Signed: _____ Date: _____

Signed: _____ Date: _____



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Limits of Confidentiality

Illinois Masonic Outreach Services (IMOS) will conform to Illinois state guidelines and the ethical guidelines adopted by the American Counseling Association* in handling information on applicants for and/or recipients of assistance, financial or otherwise, from IMOS. All caseworkers, employees and agents of IMOS, and their supervisors, and those with whom professional consultation is necessary, will not disclose information except under one or more of the following conditions:

- For the purposes of processing or continuing an application for assistance and/or providing ongoing maintenance, financial or other services;
- The applicant/recipient or their guardian gives written consent to release information to a designated individual or agency;
- The applicant/recipient makes specific violent threats to harm himself or herself or to harm an identifiable victim;
- The caseworker, employee or agent and/or their supervisors, board of directors or sponsoring organization are named as defendants in a civil, criminal or disciplinary action arising from these services;
- The caseworker, employee or agent and/or their supervisors, board of directors or sponsoring organization receives an authentic subpoena backed by judicial authority that requires the disclosure of information;
- The caseworker, employee or agent and/or their supervisors, board of directors or sponsoring organization has reasonable cause to believe that a child, elderly person or adult with a disability has suffered abuse or neglect;
- Otherwise as required by law.

* Despite the use of the American Counseling Association's guidelines, or the fact that IMOS may suggest, assist in locating or make referral to mental health services, both IMOS and the applicant/recipient agree that IMOS does not offer nor provide mental health counseling or services.

By signing below, the applicant/recipient hereby acknowledges that he or she has read the information above, that he/she understands what it means, and agrees to its terms.

Signed: _____ Date: _____
Signed: _____ Date: _____



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Illinois Masonic Outreach Services Notice of Privacy Practices

Illinois Masonic Outreach Services (IMOS) secures records related to those to whom we provide assistance solely for the purpose of analyzing their needs and right to avail themselves of the programs we offer. We do not share this information with any outside sources and will not disclose any information involving confidential health or financial records other than in our efforts to either qualify their application for assistance or to access the continuation or termination of that assistance; or pursuant to a court order or valid subpoena, or under other circumstances mandated by law such as child abuse, elder abuse, or the direct threat of harm. In the case of subpoena, we would attempt to advise the individual receiving or applying for services of the fact that such a subpoena had been received and that they have the right, at their expense, to take steps to prevent, through the issuance of an appropriate court order, the disclosure of information by IMOS. A copy of this privacy policy will be given to every applicant for services. The policy may be updated on an as needed basis. Copies of the updated privacy policy will be maintained at the offices of the Illinois Masonic Outreach Services and posted on the internet on our website. It will be available at no charge to any applicant for or beneficiary of said services.

Receipt of Notice of Privacy Practices Policy
Illinois Masonic Outreach Services

I/We, _____, hereby acknowledge receipt of the Illinois Masonic Outreach Services Notice of Privacy Practices. The Notice of Privacy Practices provides detailed information about how Illinois Masonic Outreach Services (IMOS) may use and disclose my confidential information. I understand that IMOS has reserved the right to change their privacy practices that are described in this notice. I also understand that a copy of any Revised Notice will be provided to me or made available at the IMOS offices or on the internet at the website of Illinois Masonic Outreach Services.

Signed: _____ Date: _____

Signed: _____ Date: _____



Waiver and Release of Confidential Information

In certain circumstances, the Illinois Masonic Outreach Services (IMOS) may need to consult with or release information to another individual or agency, or request information from another person, entity or organization. Therefore, each undersigned applicant and spouse hereby waives confidentiality and allows the release of confidential information for this purpose.

I, _____, the undersigned applicant or spouse, hereby waive the confidentiality due me by any laws or organizations of the State of Illinois or of the state in which I reside, regarding anything considered to be confidential or identifying information for the purposes of processing or continuing my application for assistance and/or providing ongoing maintenance, financial or otherwise. I understand that IMOS may from time to time make payments on my behalf for credit to one or more of my accounts, and I hereby consent to such action on my behalf.

I authorize any third-party independent person, agency or entity, to provide IMOS or its authorized representative, any and all financial, medical or other information pertaining to me, written or oral, which it may request, that is part of such third party's records, as fully as though I personally requested the same.

A photocopy, faxed, or scanned copy of this Waiver and Release of Information shall have the same force and effect as the original.

I understand that this waiver shall remain in full effect until revoked by me by written notice delivered to Illinois Masonic Outreach Services, 2866 Via Verde Street, Springfield IL. 62703.

Applicant: _____ Date: _____

Spouse: _____ Date: _____

Witness: _____ Date: _____



Checklist – Request for Assistance

Please also submit the following documentation so we may process your application in a timely manner. If a certain item does not pertain to you, please mark N/A. Thank you in advance for your cooperation!

Income/Assets:

- Government Assistance, SS, Worker’s Comp, Unemployment, Determination Letters
- Copy of last 2 paycheck stubs for all household earnings
- Copy of last 2 months of bank statements for all accounts (checking/savings)
- Copy of statement(s) for any Certificates of Deposits
- Copy of statement(s) for any Securities (stocks/bonds/mutual funds/IRA/401K)
- Copy of statement for Life Insurance Policy(s)
- Copy/verification of any asset value including but not limited to: homestead, additional property, vehicles

Expenses:

Copies of the following monthly expense statements as listed on the application are required if not identified on the bank statement(s):

- Mortgage/Rent
- Home Owner’s/Rental Insurance
- Real Estate Taxes
- Utilities (Electricity/Water/Gas)
- Garbage Pick Up
- Phone (Cell/Landline)
- Cable/Internet
- Medical Premium
- Supplemental Insurance/Hospital Insurance/Long Term Care Insurance
- Prescription Medication/Over the Counter Medication
- Medical Bills/Expenses (monthly payment)
- Vehicle Payment(s)
- Auto Insurance
- All other outstanding debt statements (e.g. credit cards, loans, etc.)

Applications without complete verification of income/assets/expenses are considered incomplete and WILL NOT BE PROCESSED.

Notification of Determination:

We will notify you of your eligibility following receipt and review of all necessary information.

Please mail/email/or fax this application to: Jennifer Martin, IMOS Director 2866 Via Verde St. Springfield, IL 62703 Office: 217-529-8900 ext. 212; outreach@ilmason.org; Fax: 217-883-4630

Please call if you have any questions!