



Calabrese Life Opportunity Fund
A Program of The Arc of Colorado Application

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____

Email Address: _____

Are you connected with a chapter of The Arc? Yes No

Chapter Name: _____

Are you involved with other organizations? Yes No

Name of organization(s): _____

Is your request time sensitive? Yes No

explain: _____

Do you qualify for the following programs:

TANF Yes No Not Applicable

Food Stamps Yes No Not Applicable

Energy Assistance Yes No Not Applicable

Free or Reduced School Lunch Yes No Not Applicable

Medicaid Yes No Not Applicable

Chip+ Yes No Not Applicable

This cover sheet is not submitted to the review committee, applications are reviewed without personal identifying factors.

Signature of Applicant: _____ Date: _____
.....

Date Received: _____ Date Notified: _____

