

# Operation Welcome Home Stipends

The Arc of Illinois has secured funding from The Aigner Foundation, to assist in purchasing items that will assist individuals with intellectual and developmental disabilities in transitioning from a state operated developmental center to a home in their community of choice.

## What can I apply for?

We are open to a wide variety of possibilities!

For example: luggage, clothing, room décor, a TV, small items of furniture, or funding for membership in a local organization that would help the person acclimate to a new neighborhood (such as YMCA, local gym, activity group, class at local college, etc.) are a few suggestions.

Any questions? Call Katherine Hamann at 708-465-2827 or email at [katherine@thearcofil.org](mailto:katherine@thearcofil.org).

## How much can I receive?

You can receive up to \$500.

We cannot guarantee that the complete request will be filled, especially if there are a larger number of applicants than anticipated. The request may only be partially met or your request may be put in a waiting list. This is not a reflection on your request, just on our level of funding and the level of need at a given time.



# Application Form



## Operation Going Home Stipend

If you are completing this application for someone, please put your information here and the person for whom you are filling out this application below. If you are completing this application for yourself, please put your information in both sections.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### What is your relationship to the person transitioning (check all that apply):

Self. I am transitioning out of an SODC.

Family Member (specify relationship): \_\_\_\_\_

Guardian

1. Name of the person who will be transitioning: \_\_\_\_\_

2. Name of SODC person is transitioning from: \_\_\_\_\_

3. Name of Agency/Address Person is transitioning to: \_\_\_\_\_

4. Approximate Date of Transition: \_\_\_\_\_

5. Name of individual at community provider assisting with coordination of transition (e.g., QIDP, Director of Residential Program, etc.): \_\_\_\_\_

6. Type of setting transitioning to (e.g., CILA, family home, own apartment): \_\_\_\_\_

7. Requested Amount: \$ \_\_\_\_\_

8. What would you like the stipend to pay for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following statement must be signed to validate this request: I am requesting assistance from The Arc of Illinois, through funding from The Aigner Foundation, to purchase items that will assist my/my legal ward's transition from a state operated developmental center to a home in their community of choice. This home is not in an Intermediate Care Facility. I promise to use the funds for the stated purposes and to submit receipts for all expenditures funded through this stipend. I will also complete a post-transition evaluation form.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Stipends are awarded with the assistance of a generous grant from The Aigner Foundation.