

*The Most Worshipful Grand Lodge of*  
**Ancient Free and Accepted Masons**  
*of the State of Illinois*



2866 Via Verde, Springfield, IL 62703  
Office: (217) 529-8900 Fax: (217) 529-0242  
kcarville@afam-il.org

### **Age and Length of Membership Guidelines**

The Illinois Masonic Outreach Services program does not discriminate against any applicant on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, or sexual orientation. While we do not discourage anyone from making application it is imperative to be aware that age and length of membership guidelines play a significant role in determining outcome when the Director for Outreach Services and/or the Board of Directors evaluate an application. Each application is reviewed individually on a case-by-case basis.

### **Outreach Program Guidelines**

All applicants must be Master Masons of senior age, their Spouses or their Widows. Regardless of age at time of application, the Member must have been in continuous good standing for a period of no less than ten (10) years in order to qualify for assistance from the Outreach Services program.

Spouses or Widows of a Master Mason must adhere to the same guidelines. The related Master Mason must be/must have been in continuous good standing for a period of no less than ten (10) years in order to qualify for assistance from the Outreach Services program.

If you believe that you have a case that may be an exception to the above mentioned guidelines please submit to the Director of Outreach Services an application accompanied by a personal statement that outlines why you believe that your case is extraordinary. The Director will evaluate your information and submit it with recommendation to the Board of Directors for review and decision.

**It is the mission of the Illinois Masonic Outreach Services program to bridge the gap between community resource and member needs to promote physical, social, financial and personal enrichment to enhance the quality of life for our senior members.**

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***Instructions for Completing Request for Assistance***

***Instructions:***

As part of its commitment to serve its members, IMOS provides financial assistance to aging members, their wives or widows who are financially indigent or medically indigent and satisfy certain requirements. To determine if a person qualifies for financial assistance, we need to obtain certain financial information. Your cooperation will allow us to give all due consideration to your request for financial assistance.

***Income/Expense Verification:***

In order to consider your request for financial assistance, verification of both income/assets and expenses is required. Please provide a copy of the following documents:

***Income/Assets***

- Governmental Assistance, Social Security, Workers Compensation, or Unemployment Compensation Determination Letter
- Income Tax Return for previous year

Please also include the following:

- Copy of IRS Form W-2, Wage and Earnings Statement for all household earnings
- Copy of last 2 pay check stubs for all household earnings
- Copy of bank statements for all accounts (checking, savings, investment, etc)
- Copy/Verification of any asset value including but not limited to: homestead, additional property, vehicles, etc.

***Expenses***

- Copy of all monthly expense statements (mortgage, rent, utilities, etc.)
- Any semi or annual expense (insurance, registrations, etc)
- Copy of current credit report from one of the three major reporting agencies (Equifax, Experian, TransUnion)

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

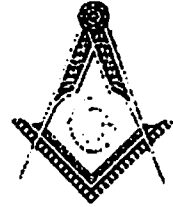
***Notification of Determination:***

We will notify you of your eligibility following receipt and review of all necessary information. The notification will be mailed to the mailing address you have provided on the application.

For assistance in completing this application, please contact Karla Carwile, IMOS Director at (217)529-8900 ext. 12 or (217)341-3935, Monday through Friday between the hours of 8:30 a.m. and 4:30 p.m.



**THE MOST WORSHIPFUL GRAND LODGE OF A. F. &  
 A.M.  
 OF THE STATE OF ILLINOIS  
 APPLICATION FOR SERVICES**



<b>Master Mason Information</b>			
<b>Last</b>	<b>First</b>	<b>Middle</b>	<b>Lodge #</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Number</b>	<b>Cell Number</b>	<b>Email</b>	
<b>DOB</b>	<b>Place of Birth</b>	<b>Date of Death (if applicable)</b>	
<b>Medicaid #</b>	<b>VA #</b>	<b>Married/Single/Divorced/Widowed</b>	
<b>Spouse Name</b>	<b>Spouse DOB</b>		
<b>Other than spouse, please list names and relationships of all persons residing with you at said address:</b>			<b>Relationship</b>
<b>What type of assistance are you requesting: (Please be specific. Applications without this information will not be processed)</b>			
<b>Is there additional information that you would like us to consider when making a determination? Health Concerns, etc. (Required)</b>			
<b>Please identify any programs of assistance that you have made application to as well as the resulting outcome. Please provide copies of determination letters with the submitted application.</b>			
<b>POWER OF ATTORNEY</b>			
<b>Name of Power of Attorney</b>			
<b>Relationship to Applicant</b>		<b>Telephone</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>ASSETS</b>			
<b>Checking Accounts</b>			
<b>Bank</b>	<b>Balance \$</b>	<b>Ownership</b>	
<b>Bank</b>	<b>Balance \$</b>	<b>Ownership</b>	

**Savings Accounts/Savings and Loan Associations/Credit Union**

Bank	Balance \$	Ownership
Bank	Balance \$	Ownership

**Stocks**

Name of Issuer	Number of Shares	Estimated Value	Ownership

**Bonds**

Name	Face Value	Interest Rate	Maturity Date

**Certificates of Deposit**

Name	Face Value	Interest Rate	Maturity Date

**Do you have a funeral and/or burial plan: Yes / No (provide a copy)**

**Property**

Does the applicant own any property?	Do you currently reside on the property listed above?	If yes, for how long?
Yes / No	Yes / No	
<b>Address</b>		<b>Titled</b>

Estimated Value	Indebtedness, if any	To Whom
<b>Do you own property other than the one listed above? Yes / No</b>		<b>Kind</b>
<b>Address</b>		<b>Titled</b>
Estimated Value	Indebtedness, if any	To Whom

**Does another person hold any other money or property of any value for you? Yes / No (Give Details)**

**Do you own motor vehicles? Yes / No**

Year	Model	Mileage	Debt: \$
Year	Model	Mileage	Debt: \$

**Life Insurance - Attach Additional Sheets if Necessary**

Company	Face Value	Paid Up (Yes/No)	Beneficiary
Company	Face Value	Paid Up (Yes/No)	Beneficiary

**Long Term Care Insurance - Attach Additional Sheets If Necessary**

<b>Company</b>		<b>Face Value</b>	<b>Paid Up (Yes/No)</b>	<b>Terms</b>
<b>Policy #</b>				

**DEBTS**

**Do you have any other debts other than Credit Card debt? - Attach Additional Sheets If Necessary**

<b>Owed to</b>		<b>Balance</b>	<b>Payment</b>
<b>Owed to</b>		<b>Balance</b>	<b>Payment</b>

**Credit Card Debt - Attach Additional Sheets If Necessary**

<b>Company</b>		<b>Balance</b>	<b>Payment</b>
<b>Acct Number</b>			
<b>Company</b>		<b>Balance</b>	<b>Payment</b>
<b>Acct Number</b>			

**Income ((Please Identify ALL that apply)**

<b>Source</b>	<b>Applicant</b>	<b>Spouse</b>	<b>Total</b>
<b>Social Security</b>			
<b>Retirement/Pension</b>			
<b>Employment Income</b>			
<b>Food Stamps or DHS Assistance</b>			
<b>VA Benefits</b>			
<b>Other Income (Define)</b>			

**Expenses Monthly (Please identify ALL that apply)**

<b>Source</b>	<b>Applicant</b>	<b>Spouse</b>	<b>Total</b>
<b>Mortgage/ Rent</b>			
<b>Renters/Homeowners Insurance</b>			
<b>Electricity/Gas/ Water/Sewer</b>			
<b>Food</b>			
<b>Trash</b>			
<b>Phone - Land Line</b>			
<b>Phone - Cell</b>			
<b>Cable Television</b>			
<b>Medicare Part B and/or Part D</b>			
<b>Supplemental Insurance</b>			
<b>Hospital Insurance</b>			
<b>Long Term Care Insurance</b>			
<b>Life Insurance</b>			
<b>Medication</b>			
<b>Over the counter Medication</b>			
<b>Funeral/Burial Plan</b>			
<b>Barber/ Beauty Shop</b>			
<b>Clothing &amp; Laundry</b>			
<b>Medical Expenses</b>			
<b>Miscellaneous (Provide Details)</b>			

**Automobile Expenses Monthly**

	<b>Applicant</b>	<b>Spouse</b>	<b>Total</b>
<b>Payment</b>			
<b>Insurance</b>			
<b>Oil Change</b>			
<b>Gasoline</b>			

Annual or One Time Payment Expenses					
	Applicant	Spouse	Due Date	Paid Up (Y/N)	Total
Real Estate Tax					
Personal Property Tax					
License & Inspections					
Annual Car Insurance					
Annual Renters/ Homeowners Insurance					
<b>Additional Questions:</b>					
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.					

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

- ✓ I have the responsibility and obligation to provide the Illinois Masonic Outreach Services program with any and all other information that might affect the decision to render assistance, such as but not limited to: inheriting money or other assets, receiving benefits from additional sources; a cancellation of any and all debts; a bankruptcy proceeding; a gift of money or other benefits from any other person or entity; and all other similar or related things.
- ✓ I have a continuing obligation to immediately notify the Illinois Masonic Outreach Services of any substantial change in my financial and/or living circumstances both presently and in the future and agree to a periodic reevaluation of my case which includes an annual visit to my home.
- ✓ 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.
- ✓ The provision of assistance by the Illinois Masonic Outreach Services program may be conditioned upon receipt of a lien upon all or a portion of both your real and personal property.
- ✓ The provision of discretionary assistance by the Illinois Masonic Outreach Services program may be conditioned upon the Grand Lodge of Illinois being named the sole or primary beneficiary of any and all life insurance policy or policies that you either currently own or which you may hereafter acquire.
- ✓ That the Grand Lodge of Illinois is a pro forma charitable corporation, that it has the absolute right and authority either to grant or withhold assistance and that even if assistance is granted it may be terminated at any time and for any reason. Furthermore, 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 Illinois Masonic Outreach Services program as a basis for that person making any other provisions for me, my spouse or other person.
- ✓ Having read the entire application for assistance and/or having the same read and explained to and hereby waiving any right to have an attorney of my choosing read and approve the same; or alternatively, after having had the attorney of my choice read and approve the same, that all of the facts and circumstances contained herein are true, according to the best of my information, knowledge, and belief.
- ✓ I/we further represent and warrant that I/we 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 the Masonic Grand Lodge of Illinois, a pro forma Illinois corporation.
- ✓ I/we further understand, agree, and warrant, that I/we will cooperate in periodic reevaluation of my/our situation and further, that any and all modifications or adjustments made in assistance granted to me/us by the Grand Lodge of Illinois, both currently, and in the future, are hereby agreed to, consented to, authorized, and ratified to the fullest extent permitted by law.
- ✓ I/We understand and recognize that the person signing this form as the investigative representative of the Illinois Masonic Outreach Services program as well as any individual director or officer of the Grand Lodge of Illinois, has no authority to bind the Grand Lodge of Illinois as to the granting of any benefits requested or to be requested by the undersigned applicant(s). The existence of any and all actual and/or apparent authority of any such representative is expressly and unequivocally denied by the Grand Lodge of Illinois.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: This form is for purposes of investigation only and for purposes of maintaining accurate records in the Illinois Masonic Outreach Services office at the Grand Lodge of Illinois.**

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**ILLINOIS MASONIC OUTREACH SERVICES NOTICE OF PRIVACY PRACTICES**

Illinois Masonic Outreach Services 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 pursuant to a court order or valid subpoena. In the instance in which we were to receive a subpoena for such records, we would advise the individual receiving or applying for services of the fact that such a subpoena has 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 Illinois Masonic Outreach Services. 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 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 OF ILLINOIS  
MASONIC OUTREACH SERVICES**

I, \_\_\_\_\_, 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 may use and disclose my confidential information. I understand that Illinois Masonic Outreach Services has reserved the right to change their privacy practices that are described in the notice. I also understand that a copy of any Revised Notice will be provided to me or made available at the offices of Illinois Masonic Outreach Services as well as having been posted on the internet at the website of Illinois Masonic Outreach Services.

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

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### Waiver/Release of Confidential Information

If an applicant wishes for the Illinois Masonic Outreach Services program to consult with or release information to another individual or agency, the applicant is required to sign a waiver allowing for a release of specified information.

I, \_\_\_\_\_, hereby provide my legal authorization to waive the confidentiality due me by any law(s) and/or organizations of the State of Illinois and/ or the State in which I reside regarding anything considered to be identifying information for the purpose of processing this application for assistance and ongoing maintenance, financial or otherwise. I understand that this waiver shall remain in full effect until revoked by myself in writing and will include only those individuals and information outlined below.

Name/Agency/Organization \_\_\_\_\_ Telephone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

Information to be released to this individual, agency or organization (Be as specific as possible)

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

If additional space is needed please use the back of this page.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Director of Outreach Services**  
**Karla K. Carwile, MA, MA, LCPC, DCC**  
2866 Via Verde, Springfield, IL 62703  
Office: (217) 529-8900 Fax: (217) 529-0242  
kcarwile@afam-il.org

## **Compliance Agreement**

All participants that have been awarded assistance agree to further assessment of need on an ongoing basis. Each year that the participant is active in the Illinois Masonic Outreach Services program (IMOS), they will submit documentation to support the continued need for services at six (6) month intervals, dates to be determined based upon the initial date of award. In addition, participants have Rights and Responsibilities afforded to them through the IMOS program.

### **You have the Right to:**

- To apply for the services provided by the IMOS program.
- To discuss your personal or family financial matters in a confidential manner unless a request is made otherwise.
- To be treated with dignity and respect throughout the entire process.

### **It is your Responsibility to:**

- Take advantage of the governmental programs in which you are qualified to participate. Any recipient of financial assistance, who does not cooperate and participate in the available governmental 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 IMOS program or to provide the program with a 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 allocated funds to pay for expenses as outlined in award letter.
- Identify to the IMOS program any significant change in financial status