

Participant Information

First Name _____ Last Name _____ Opportunity Passport™ # _____
Street Address _____ City, State, Zip _____ County _____
Phone _____ Email _____ Date of Birth (MM/DD/YYYY) _____
Preferred contact method: Phone Text Email

Banking Information

Name of Bank/Credit Union: _____ Account Number: _____
Address: _____
Current Account Balance: \$ _____
Amount to be used for Asset Purchase: \$ _____
Account Balance after Asset Purchase: \$ _____

NOTE: A minimum account balance of \$65.00 must be maintained to remain an Iowa Opportunity Passport™ participant.

(Please call your banking institution for all balance inquiries)

Asset Information

Please attach required supporting documentation

Asset Description:

Name and Address of Seller:

How long have you saved for this purchase? _____
What was the source(s) of these savings? _____
Total cost of Asset: \$ _____
Participant Share: \$ _____
Match Amount: \$ _____

Donor Appreciation

Matching funds for approved assets are provided in part through the generosity of donors who care about improving the lives of young people involved in the foster care system. The Youth Policy Institute of Iowa requests that Opportunity Passport™ participants who wish to take advantage of matching funds for approved asset purchases use the space below to express their appreciation to the individuals who have graciously provided funding to support the financial goals of participants.

In addition to the expression of gratitude, we also ask that participants please provide a photo of their new asset. Thank you notes and images may be sent to op@ypii.org.

For example:

"Thank you so much for your generous donation to Opportunity Passport. Recently I was able to match the funds I'd saved to purchase a used car. Having reliable transportation allows me to keep my job and remain in school. I currently work at a local grocery store and attend night classes. My long-term goal is to own my own photography business. Please know that your help does make a difference and thanks again." John Smith – 08/15/2016

(Participant could provide a photo of the car, or the car in front of the school or the place of employment – use your creativity!)

Note: Your full name will not be included in your expression of gratitude to the anonymous donor. Thank you.

Participant Authorization

Participant Signature: _____ Date: _____

Authorized Guardian Signature: _____ Date: _____
(If youth is under 18)

NOTICE: Allow 5 business days after submission of paperwork to the Youth Policy Institute for review and processing of this request.

When process is completed, please notify me:

Phone: _____ Email Address: _____

Provider Checklist

To be completed by your Aftercare Advocate or Opportunity Passport™ Provider Only

- Participant has provided all required documentation.
- Participant has completed asset specific training assessment. Date: _____

Provider Signature: _____ Date: _____

Printed Name: _____ Phone #: _____

Submit completed form to:

Teresa White
Four Oaks Dubuque
180 W 15th St Dubuque, IA 52001
Email: twhite@fouroaks.org
Phone: (563) 557-3100
Fax: 866-292-7260

NOTE: A minimum account balance of \$65.00 must be maintained to remain an Iowa Opportunity Passport™ participant. A minimum of 75% of the monies the participant plans to use toward the asset purchase must be in their Opportunity Passport™ savings account for **at least 21 days**. Matching funds are only approved for assets purchased from vendors; they are not approved for previously purchased assets already in the participant’s possession.

For Youth Policy Institute office use only

Date received: _____ Reviewed by: _____ Bank/Credit Union Information verified

Asset purchase processed Data Entered into OPDS Initials _____

Opportunity Passport™ was created and is supported by the Jim Casey Youth Opportunities Initiative (www.jimcaseyyouth.org). Opportunity Passport™ is coordinated in Iowa by the **Youth Policy Institute of Iowa** in partnership with the Iowa Department of Human Services, United Way of Central Iowa, and several private foster care providers and community based organizations.