lowa OPPORTUNITY Passport™

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:	🗆 Text	🗆 Email	
Banking Information			
Name of Bank/Credit Union: 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	
(Please call your banking institution for all bal	lance inquires)		
Asset Information			
Asset Information Please attach required supporting documenta	ition		
	ntion		
Please attach required supporting documenta	ation		
Please attach required supporting documenta	ition		
Please attach required supporting documenta Asset Description:	ition		
Please attach required supporting documenta Asset Description:			
Please attach required supporting documenta Asset Description: Name and Address of Seller:			
Please attach required supporting documental Asset Description: 			
Please attach required supporting documental Asset Description: 			

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 Evelyn K. Davis Center 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 <u>rgbibens@dmacc.edu</u>.

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.

rticipant Authorization	
rticipant Signature:	Date:
thorized Guardian Signature: youth is under 18)	Date:

Center 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:	ſ				
Opportunity Passport™ Evelyn K. Davis Center for Working F 1171 7th St. Des Moines, IA, 50314 Email: rgbibens@dmacc.edu Phone: 515-697-1483	Iowa Opportunity Passport™ participarticipant plans to use toward theFamiliesPassport™ savings account for at le		nce of \$65.00 must be maintained to remain an eticipant. A minimum of 75% of the monies the she asset purchase must be in their Opportunity t least 21 days . Matching funds are only rom vendors; they are not approved for ady in the participant's possession.		
For Evelyn K. Davis Center					
Date received:	Reviewed by:		□ Bank/Credit Union Information verified		
Asset purchase processed		ata Entered into OPDS	Initials		

Opportunity Passport[™] was created and is supported by the Jim Casey Youth Opportunities Initiative. Opportunity Passport[™] is coordinated in Iowa by the Evelyn K. Davis Center in partnership with the Iowa Department of Human Services, United Way of Central Iowa, and several private foster care providers and community based organizations.