

Participant Information

First Name _____ Last Name _____ Opportunity Passport™ # _____
Street Address _____ City, State, Zip _____ County _____
Phone (specify type) _____ Email _____ Date of Birth (MM/DD/YYYY) _____
Preferred contact method: Phone Cell Phone Text Message Email
Preferred contact number and/or email address: _____

Bank Information

Name of Bank: _____ Account Number: _____
Branch Location: _____ Account Type: Saving Checking
Current Account Balance: \$ _____
Amount to be Used for Asset: \$ _____
Account Balance after Asset Purchase: \$ _____

NOTE: A minimum account balance of \$50.00 must be maintained to remain in the Iowa Opportunity Passport™ program.

Asset Information

What type of asset are you planning to purchase? (Please attach required supporting documentation)

- | | | |
|---|---|--|
| <input type="checkbox"/> Housing | <input type="checkbox"/> Vehicle | <input type="checkbox"/> Vehicle Repair |
| <input type="checkbox"/> Health | <input type="checkbox"/> Micro-Enterprise | <input type="checkbox"/> Credit Building |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Investment | <input type="checkbox"/> Other _____ |

Asset Description: _____

Company & location where asset will be purchased: _____

How long have you saved for this purchase? _____

What was the source(s) of these savings? _____

Total cost of Asset: \$ _____

Participant Share: \$ _____

Match Amount: \$ _____

Participant Authorization

Participant Signature: _____ Date: _____

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

NOTICE: Expect 5 business days after submission of all required documentation to the Youth Policy Institute for review and processing of this matching funds request.

When process is completed, please notify: Me My Provider

Phone#: _____ Email Address: _____

O.P. Provider Checklist

To be completed by Opportunity Passport™ Provider Only

- Asset meets established guidelines
- Participant has capacity to maintain purchased asset
- Participant has completed asset specific training. Date: _____
Training provided by: _____

Verified available bank balance: On-Line Contacted Bank Reviewed Most Recent Bank Statement

O.P. Provider Signature: _____ Date: _____

Printed Name: _____ Phone #: _____

Submit completed form to:

Be sure to attach required documentation

Steve Havemann

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For Youth Policy Institute Office Use Only

Date received: _____ Reviewed by: _____

Bank Information verified Asset purchase processed Data Entered into OPDS

Opportunity Passport™ was created and is supported by the Jim Casey Youth Opportunities Initiative (www.jimcaseyyouth.org). The program 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.