

HISTORY OF THE MEMORIAL FUND

The Harkins Community Memorial Fund was established by Marva Brown, grandmother of James Lesley Harkins. James lost his life to a tragic drowning. Marva and her family were forced into a world of intense emotion and grief over the loss of James. Along with such feelings of loss and sadness, Marva and her family had to take care of the business of paying for a funeral.



To help families faced with the death of a child, Marva Brown established a fund to assist with funeral costs. She enlisted the support of friends and family to establish the Harkins Community Memorial Fund. The Memorial Fund continues to work to raise funds to help ease the financial burden on families during a time of loss.

CONTRIBUTIONS

In the event unplanned or unanticipated financial resources become available following the funeral, memorial fund recipients are kindly asked to consider a donation to the Harkins Community Memorial Fund, so we can continue to assist families in need.

If you would like to make a contribution to the Harkins Community Memorial Fund, you may send your contribution to:

**Harkins Community
Memorial Fund
401 S Main Street
Rockford, IL 61101**

Your donation to Harkins Community Memorial Fund, a 501c3 organization, is tax-deductible. Please make checks payable to the Rockford Park District Foundation and include on the memo line the Harkins Community Memorial Fund.

**For more information about the
Harkins Community Memorial Fund
and the Funeral Assistance program,
please call Ms. Marva Brown at (815) 519-2013
or visit www.harkinsfoundation.org.**



**Funeral Assistance Program
for Families Faced with
the Loss of a Child**

www.harkinsfoundation.org

FINANCIAL ASSISTANCE

- The Memorial Fund provides assistance not to exceed \$600 for funeral expenses for families meeting the eligibility requirements.
- Additional funds may be available in special circumstances as approved by a majority of the Memorial Fund board.
- Funds will be paid directly to the funeral home.

ELIGIBILITY REQUIREMENTS

- The deceased child must have been between the ages of birth (live birth) and 10 years of age at the time of their death.
- Legal custody and/or guardianship of the child must be verified
- The deceased child must have been a resident of Winnebago County.
- The deceased child's household qualifies for one or more of the following government programs:
 - The Food Stamp Program
 - Illinois Link Card
 - KidCare Card
 - Public School Free and Reduced Lunch Program
 - Temporary Assistance for Needy Families (TANF)
 - Eligibility for other government subsidy programs will be determined on a case by case basis.

WHAT TO BRING

- Proof of custody of the deceased child – birth certificate or guardianship paperwork
- Proof of family or guardian residency of Winnebago County (utility bill, drivers license)
- Current verification of qualification for the above referenced government subsidy programs. Correspondence, identification cards, etc.

HOW TO APPLY

Complete the Harkins Community Memorial Fund Funeral Assistance Application Form, and fax or deliver to:

Harkins Community Memorial Fund,
(Rockford Park District Foundation Office)
401 South Main St, Rockford, IL 61101

OR CONTACT:

Marva Brown, Memorial Fund
President marvabrown@att.net

Phone: (815) 519-2013

PLEASE NOTE: The Harkins Community Memorial Fund reserves the right to deny applications for any reason. All decisions of the Fund Board are final.

FUNERAL ASSISTANCE APPLICATION FORM

Child's Full Name _____

Date of Birth _____ Sex _____

School _____ Grade _____

Applicant's Full Name _____

Relationship to Child: parent guardian aunt/uncle grandparent

Applicant Address _____

City _____ State _____ Zip _____

Applicant Phone # _____

If no phone, name and phone number of contact _____

Language Preference of Applicant English Spanish Other: _____

Food Stamp # or TANF case number _____

Funeral Home _____

Funeral Home Address _____

Funeral Home Contact Name _____ Phone Number _____

ACCURACY STATEMENT: I declare that the information I have provided is true, correct and complete to the best of my knowledge. I understand that I could be penalized if I knowingly give false information.

Signature _____ Date _____

Can Memorial Fund members assist in any other way?

Religious or prayer assistance (If you wish, list your religious affiliation: _____)

Church advice

Food for immediate family

Other _____

FOR OFFICE USE ONLY

ELIGIBILITY: APPROVED DENIED

SPECIAL CIRCUMSTANCE EXPLANATION _____

DATE VERIFICATION GIVEN _____ by phone in person by _____

DATE CHECK MAILED _____ By _____

DETERMINING BOARD MEMBER'S SIGNATURE _____