

P. O. Box 1162
Little Elm, TX 75068
(469) 699 - 2424
info@laynesden.com

LAYNE'S DEN INC.



501(c)3 Non-profit Organization
#BecauseGODSaidSO

PROGRAM APPLICATION

Layne's Den non-profit organization is a 501(c)3 organization providing a helping hand to those in need. We provide 4 key programs servicing the community, homeless, inmates, teen parents & more. Please review our program descriptions attached & complete the application checking one or more programs that you qualify for.

Income Requirements	
Family Size	Max Income
1	\$20,385
2	\$27,465
3	\$34,545
4	\$41,625
5	\$48,705
6	\$55,785
7	\$62,865
8	\$69,945
9	\$77,025
10	\$84,105

Email the completed application to us at info@laynesden.com or submit it on our site at www.laynesden.com. You will receive an approval or denial based on program and funding availability.

Evelyn D. Layne

CEO/Founder

501(c)3
www.laynesden.com

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E. B. B.

Evolving Beyond Barriers

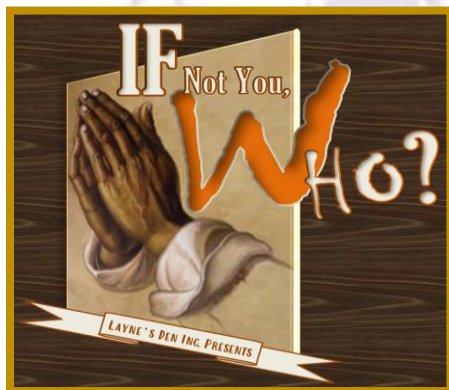
Created to help provide Teen Parents; 1st Time Offenders & Low-Income Families the resources, training & support needed to become more than the status quo!

Lizzy's Heart

Partners with hospice care in Little Rock, AR & Little Elm, TX.

Services offered

Prayer, weekly care calls, care packages,
Medicine/medicare/medicaid resources, final resting plan
resources, read to me date nights



The Homeless

Care packages; Wellness events; Holiday Meals, Meal on wheel

Death Row Inmates

Care packages, Prayer visits, Spiritual guidance,
Final life preparation resources & planning
Family support groups

The T. I. A. Project

Partnering with local schools in the Little Rock (LRSD) & Little Elm (LEISD) school districts

Programs Offered

Youth Government Programs
Youth Job Training Programs



501(c)3

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PROGRAM APPLICATION

DATE

FULL NAME / SCHOOL NAME

DATE OF BIRTH

M / F

RACE

ANNUAL INCOME

HOME / SCHOOL ADDRESS

FAMILY / SCHOOL SIZE

CHILD NAME / GENDER / AGE

CHILD NAME / GENDER / AGE

CHILD NAME / GENDER / AGE

CHILD NAME / GENDER / AGE

CHILD NAME / GENDER / AGE

CHILD NAME / GENDER / AGE

Choose One or More Programs

____ E. B. B.

____ IF NOT YOU, WHO?

____ LIZZY'S HEART

____ THE T. I. A. PROJECT
(SCHOOLS ONLY)

I ACKNOWLEDGE THAT ALL INFORMATION INCLUDED IN THIS APPLICATION AND ALL BACKUP PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. YOU WILL RECEIVE A CONFIRMATION EMAIL WITHIN 48 HOURS OF SUBMISSION.

APPLICANT SIGNATURE

DATE

LAYNE'S DEN SIGNATURE

DATE