| APPLICATION FOR SERVICES | | | |
| --- | --- | --- | --- |
| CHILD’S Information | | | |
| Child’s first name and last initial: | | | |
| Child’s Age: | Child’s KK#: | | |
| Placement City: | Placement Zip: | | How long in placement? |
| DHS ☐ Kinship ☐ Adoption ☐ Agency: \_\_\_\_\_\_\_\_\_\_ ☐ Other: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| CAREGIVER INFORMATION | | | |
| Caregiver name: | | | |
| Phone: | E-mail: | | |
| DHS WORKER INFORMATION | | | |
| Worker name: | | | |
| Address: | | | |
| Email: | | | Phone: |
| Position: | Supervisor: | | Supervisor Phone: |
|  | | | |
| SERVICES REQUESTED | | | |
| ☐ Activities | | | |
| Brief Description of Activity: | | | |
| Brief explanation of why it would be helpful for the child: | | | |
| Amount Requested: | Explanation of tuition or fees: | | |
| Activity Start Date: | Activity End Date: | | Date Needed By: |
| Make Check Payable to Name and Phone Number (*Must be a business or service provider where the activity will take place*): | | | |
| Where to Mail the Payment: | | | |
| ☐ BIRTHDAYS | | | |
| ☐ Birthday Card and Gift Card Only  ☐ Specific Request | | Date Needed By: | |
| Make Check Payable to Name and Phone Number(*Must be a business or service provider for specific request, ex: grocery store for birthday cake*): | | | |
| Amount Requested (Special Requests Only): | | | |
| Where to Mail the Payment: | | | Phone: |
| ☐ Connections and celebrations | | | |
| Brief Description of Need | | | |
| Brief explanation of why it would be helpful for the child: | | | |
| Amount Requested: | Date Needed By: | | |
| Make Check Payable to Name and Phone Number (*Must be a business or service provider for the specific need*: | | | |
| Where to Mail the Payment: | | | |
| Person requesting services | | | |
| ☐ DHS ☐ Caregiver ☐ Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐ Other: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Requester name: | | | |
| Phone: | E-mail: | | |
| Signatures | | | |
| I authorize the verification of the information provided on this form is true and that the funds received will be applied for the purposes stated. I understand that foster children information is confidential and I have not provided any identifying information that could breach confidentiality of a child in care. | | | |
| Signature of applicant: | | | Date: |

|  |  |
| --- | --- |
| All Kidz use only | |
| The application has been reviewed and decided below: | |
| ☐ Approved | Date: |
| ☐ Denied (explain) | Date: |
| ☐ More Information Needed (explain) | Date to Review: |
| Signature of Reviewer: | Name: |
| Signature of Executive Committee Member if above $100 | Name: |