| 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:  |