



REQUEST FOR FUNDING

The mission of The Foster Care Council is to provide funding for sports, clothing, tutoring and summer camps to local foster children. These funds can also be used for art, dance, sports equipment, instruments, class trips, registration fees, school clothes and school supplies and in some cases emergency assistance/ supplies. We do not reimburse for expenditures. The Foster Care Council is a 501 (c)3 non-profit organization

ALL information on this application will remain CONFIDENTIAL.

DATE _____

CHILD'S FULL NAME _____ AGE _____ DOB _____

FOSTER PARENT'S NAME _____ PHONE () _____

ADDRESS _____ City _____ State _____ Zip _____

ALL APPLICATIONS MUST OBTAIN THE APPROVAL OF THE CARETAKER.

Has approval been obtained? Yes ___ No ___ If not, please explain _____

Who initiated this request? CN ___ FP ___ LS ___ RCC ___ GAL ___ DCF ___ CFCRB ___ OTHER ___

**NAME OF GAL or "Other" _____ Phone _____

I am requesting funding for the above named child for the following purpose: (give details) _____

Appropriate documentation for all requests involving lessons is attached.

If request is an ongoing activity, how long will the funding be needed? _____ Is there a deadline or time frame by which funds are required? _____

In what way, do you feel, approval of this request will enrich the life of this child?

Mental Health _____ Physical _____ Educational _____ Psychological _____ Social _____ Spiritual _____ Other _____

THIS REQUEST IS FOR \$ _____ The check should be **MADE TO** the following **PROVIDER** (if applicable).

NAME _____ Phone _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DCF/CMO CASE MANAGER INFORMATION (**GAL or "OTHER" must include this information)

Case Manager (print name) _____ Phone _____ Email _____

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