



CHILDREN'S NEEDS FUND APPLICATION FORM

***Required Fields**

Advocate Name:

Advocate Supervisor Name:

*Child/Youth in Need of Services:

*Date of Request:

Identification of Needs:

This request is for: Services Equipment Classes Other

If service, type is: Medical Dental Therapy Other

*Provide a summary of the request:

***Dollar Amount Requested:**

Total Actual Cost:

Describe duration of service, transportation, scheduling of appointments, follow up visits, etc....

*Identify additional funding sources already in place (such as DSES funds, foster family, youth income, etc.)

Payment Information: (provided to CASA, Youth, Caregiver, Social Worker...)

*Name:

Phone:

Address:

Email:

For CASA Staff Use

Reviewed By:

*Amount:

*Check # or Gift Card Type and #:

Comments:

*Executive Director Signature:

*Date: