

REQUEST FOR FUNDS

Fund Request #: _____	Date: _____
Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date: _____

Return this request by fax to: (610) 433-5677 or by email to: request@HelpLehighValleyChildren.org

REQUEST CONTACT

Referrer Name: _____	Date: _____
Agency / School: _____	Telephone: _____
Address: _____	Fax: _____
_____	Email: _____

REQUEST DETAILS

Age(s) of Child(ren) for Whom This Request is Submitted: _____

Funds Requested: \$ _____ Funds Payable to: _____ *PAYEE MUST NOT BE CLIENT*

Abuse Prevention Request: Yes* No *If "yes," explain in description or on separate page

County Jurisdiction of Child(ren): Lehigh County Northampton County

City Residence of Child(ren): Allentown Bethlehem Easton Other _____

Is/are the child(ren) in legal custody of the county and placed in kinship / foster care: Yes No

Request Category (*Please specify need in appropriate category/categories*):

Clothing _____

Enrichment _____

Family Needs _____

Health Needs _____

Camp _____

Education _____

Annual Income of Family Requesting Assistance:

≤\$9,999 \$10,000 - \$14,999 \$15,000 - \$19,999 \$20,000 - \$24,999 \$25,000+

Welfare Assistance Received: Yes No *Applicable benefits:* cash food stamps M.A.

Source(s) of Income: _____

Number and Ages of Children in Family:

1 child, age _____ 2 children, ages _____ 3 children, ages _____

4 children, ages _____ 5 children, ages _____ _ children, ages _____

Name of Child or Family/Agency Case#: _____ *THIS FIELD IS OPTIONAL*

OTHER APPLICABLE / AVAILABLE RESOURCES FOR THE REQUESTING FAMILY

Other Agencies Working with Family: _____

Other Resources Explored for Family: _____

Description of Family Circumstances: _____
