



903 East Elm Street  
 Allentown, PA 18109  
 Fax: (610) 433-5677

[HelpLehighValleyChildren.org](http://HelpLehighValleyChildren.org)

## 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](mailto: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 & Household \_\_\_\_\_
- Health Needs \_\_\_\_\_
- Camp / Scholarships \_\_\_\_\_
- 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: \_\_\_\_\_

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Other Resources Explored for Family: \_\_\_\_\_

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Description of Family Circumstances: \_\_\_\_\_

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