



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: \_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE CHECK TO INDICATE IF THIS REQUEST IS RELATED TO A COVID-19 HARDSHIP