

## Special Needs Request Form

Date of Request: \_\_\_\_\_ Worker: \_\_\_\_\_ Case Name: \_\_\_\_\_

Work Ext: \_\_\_\_\_ Pager : \_\_\_\_\_ Cell: \_\_\_\_\_

List each child's age & gender: \_\_\_\_\_

Number of children in family: \_\_\_\_\_ Number of Children needing this item or service: \_\_\_\_\_

- Assessment Case
- Treatment Case: Child lives with : \_\_\_\_ Biological Parent \_\_\_\_ Biological Relative \_\_\_\_ Other Adult Caregiver
- Foster Care Case

### What does this child/family need?

Clothes: **size(s) & gender(s)** \_\_\_\_\_

Beds: How many \_\_\_\_ Twins \_\_\_\_ Toddler \_\_\_\_ Full \_\_\_\_ Crib \_\_\_\_ Bunk \_\_\_\_ other

- Living room furniture: **List specifics:** \_\_\_\_\_
- Table and chairs
- Household items: **Specifics:** \_\_\_\_\_
- Other (explain): \_\_\_\_\_

What impact will this item or service have on this case? (Check all that apply)

- prevent foster care placement
- assist in closing the investigation
- close the case
- assist with relative placement
- establish stability and safe living condition
- provide health and safety for child
- keep siblings together
- assist with foster care placement
- meet educational needs

**How soon do you need this item?** \_\_\_\_ days \_\_\_\_ weeks \_\_\_\_ months \_\_\_\_ Do you need delivery? \_\_\_\_\_

**If so, complete back of this form**

**Would you like this posted onto the HALOS web forum?** Yes \_\_\_\_ No \_\_\_\_

**Reason for Request/Situation of the child:**

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**See back for delivery information**

**\* If you are requesting a delivery, please be certain a phone # and pager # is on the front so the delivery driver can reach you that day.**

Item(s) to be picked up and/or delivered?

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**To: (client's name, address, name of apartment complex)**

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**Give detailed directions or map: (include cross streets)**

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*Delivery is available on the following days:*

*Tuesdays between 9:30- 1:30 and Fridays between 1:00 -5:00  
Please circle the date(s) that is best for you. We will try to accommodate this, but can not guarantee the date.*

**You must meet the driver and be available for the full 1 hour scheduled time and be prepared to take item(s) into the home. The driver will not enter client's home.**

**Note: If you fail to meet the driver or to notify HALOS before hand to cancel your delivery, you will not receive delivery service again for your clients. Read statement below.**

*It is the caseworkers' responsibility to be present during the scheduled delivery time and you must arrange for the goods to be taken into the client's home. This service is not provided by the delivery driver due to liability reasons. If you are unable to make it during your scheduled time; you must contact HALOS staff to inform them before the scheduled time. HALOS will not perform any deliveries to a client's home without DSS representation. If you fail to arrive to your client's home or to notify HALOS, this service will no longer be provided for you to use. Lack of DSS representation places HALOS and the Harmony Project (delivery service) at a risk for potential allegations.*

**Any other information delivery driver should know:**

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**For office use only**

Date Request Filled: \_\_\_\_\_ Time spent on order: \_\_\_\_\_ Date of delivery: \_\_\_\_\_

Items given: \_\_\_\_\_

Other delivery arrangements:(explain) \_\_\_\_\_

Notes: \_\_\_\_\_

Input