Monetary Request Form

Date: _____ Worker: _____ Ext: _____

Case Name: _____

List each child's age & gender: _____ _____ _____ _____

Number of children in family: _____ Total amount needed: _____

Number of Children needing this item or service: _____
(Check one)

    ☐ **Assessment Case**

    ☐ **Treatment Case: Child lives with : ____ Biological Parent ____ Biological Relative ____ Other Adult Caregiver**

    ☐ **Foster Care Case**

Have you requested funds from DSS for this family? _____ If so, what was the result? _____
Has HALOS helped this family before? _____

Explain why these funds are needed:

_____

_____

_____

What impact will funding 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 the educational needs

Amount of check: _____ Payee: _____
Mailing address (if applicable): _____

Do you prefer that worker receives the check? _____

For office use only

Budget class: _____   Date Request Filled: _____
DSS paid _____ (amount)   Approved by: _____