

# FOSTER CAREGIVER CARING ABOUT KIDS EXPENDITURE REQUEST

INSTRUCTIONS: To be given to caseworker or supervisor when requesting funds for foster care children from Caring About Kids, Inc. All expenditures must be pre-authorized by supervisor.

<b>Date of Request</b>	<b>DHS Worker Name</b>		<b>POS Worker Name/Agency</b>	
<b>Name of Child</b>		<b>Child's Age</b>	<b>Case Number</b>	
<b>Name and Address of Child's Current Living Arrangement</b>			<b>Type of Living Arrangement</b>	<b>Recipient ID Number</b>
<b>Amount requested</b>	<b>Have you requested another source to provide this need? If so, provide name of source and why the request was rejected.</b>			
<b>What is the request for?</b> (If funds are for a specific time frame, such as a camp, please note.) <b>Supporting documentation of amount is required.</b>				
<b>Name of Vendor or Person* Funds will be paid to:</b>			<b>Federal ID or Social Security Number</b>	
*Bill for or invoice must be attached to this request.				
<b>Address of Payee:</b> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>			<b>Issuance Method:</b> (select one)  Mail: <div style="border-bottom: 1px solid black; width: 100px;"></div>  Pick Up: <div style="border-bottom: 1px solid black; width: 100px;"></div>  By: <div style="border-bottom: 1px solid black; width: 200px;"></div>	
<b>Justification: (Explain why you are asking Caring About Kids, Inc. to help your child.)</b>				
<b>Caregiver Signature</b>		<b>Date</b>		
Provide your caseworker with a copy of this request and give any additional information required by the caseworker				