



# Special Request Form

## Request for Funding

### Requester Information

Date:		Child's Name:	
Caseworker:		Case ID # :	

### Amount Requested

Amount Requested:		Make Check Payable To:	
		Mailing Address:	

### Details of Request

**Detailed Description:** *(if description is vague or does not provide enough information, your request will NOT be presented)*  
 Be sure to attach back up documentation to request.

### Justification of Request:

### Signatures

*You MUST submit requests for Child Welfare Board consideration no later than close of business on the third Tuesday of each Month*

Caseworker/Requestor: \_\_\_\_\_ Phone: \_\_\_\_\_

CVS Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Child Welfare Board Request Outcome:    Approve / Decline    Date: \_\_\_\_\_

**Recommendation:**