



YMCA KINSHIP Emergency Fund Request Form

Date:

Staff Name:

Kinship Caregiver Name:

ETO#: _____ Region: _____

Address/ Phone:

Age of Kinship Caregiver: _ _____

Is any adult in the home 55 years+? _____ Write name(s) of adult(s): _____

Is there any additional adults living in the house? Yes/No _____ If so list names and DOB: _____

Name, Age, and DOB of each Kinship child in the home and relationship to caregiver:

- | | |
|----|-----------------------------------|
| 1. | Relationship/Time with Caregiver: |
| 2. | Relationship/Time with Caregiver: |
| 3. | Relationship/Time with Caregiver: |
| 4. | Relationship/Time with Caregiver: |
| 5. | Relationship/Time with Caregiver: |

Name and Age of Other Children in the home and relation to caregiver:

- | | |
|----|---------------|
| 1. | Relationship: |
| 2. | Relationship: |
| 3. | Relationship: |
| 4. | Relationship: |
| 5. | Relationship: |

Emergency Fund Request

1. What type of case is this for? Formal (CWS) or Informal (Non-CWS)

- o If formal, provide name of CWS Social Worker: _____
- o Is the child a Dependent? (check one) Yes No
- o Is CWS SW aware of caregiver's need? Yes No
- o How was SW informed of caregiver's need?

2. Is the request for (check one)

Maintaining Placement -Child has been with CG since: _____

Reason child is in the care of the caregiver? (e.g. parent left child in their care, due to a CWS investigation, agreement with parent of child)

Emergency Placement by CWS-Child was placed on _

Expected Placement Date: _____ (if placement is pending)

3. What is being requested?

4. How will funding this request remove barriers to making or maintaining a successful placement with caregiver?

a. Is this the only barrier/obstacle to making a placement? (if placement pending)

5. What resources have already been explored to meet the need? (provide specific names of agencies/programs).

6. How do the other adults in the home (if applicable) contribute toward the household expenses? (please explain)

7. If request is denied, how will this impact placement stability?

8. If the request is for an ongoing expense (i.e. rent, rental deposit, SDG&&, Water)?
(Complete a budget with the client)

(Check one) N/A YES NO

a) How much is the caregiver able to contribute toward this request or if not, why?

9. If this is an ongoing expense, how will these items and/or services be paid for in the future?

10. By what date are the funds needed?

Payment & Payment Documentation Requirements: (Must be attached before submitting to CWS COR, incomplete referral or missing documentation may result in delays.)

- If applicable: Staff received confirmation that a receipt will be provided when payment is provided. YES NO N/A
- Total amount requested: _____
- Date Check/Payment Needed by: _____
- Payee contact person name & phone: _____
- W-9 attached? YES NO
- Copy of Lease Agreement Attached? YES NO
- Other Documentation Attached? YES NO
- If Yes, what documentation: _____
- *Gift Card Only* Acknowledgement of Receipt-Gift Cards Required.

Staff Printed Name & Signature: _____

Date: _____

Approval/Denial Information:
Date Reviewed: _____
Funds are: Denied Approved
Reason/Note: _____
Staff Signature: _____
Funding Source:
CWS Countywide Kinship Support Program _____ or AIS Crisis Fund: _____