

REQUEST FOR TANGIBLE GOODS, CHILD CARE, AND ANCILLARY SERVICES

Child's Name	Age
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Foster Parent's Name and Address

Reason for Request

Describe Child's Special Need

IDENTIFY SERVICE

- | | |
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| <input type="checkbox"/> Tangible Goods | <input type="checkbox"/> Ancillary Services |
| <input type="checkbox"/> Building Modifications | <input type="checkbox"/> Recreation Fees |
| <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> In-home Tutoring |
| <input type="checkbox"/> Communication Devices | <input type="checkbox"/> Specialized Classes |
| <input type="checkbox"/> Specialized Educational Materials | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | |
| <input type="checkbox"/> Child Care | |

Total Amount Requested: One-time Recurring

Signature of Worker	Date	Signature of Supervisor	Date
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AUTHORIZED BY: Service Area Manager Date