

**Request for Funding Under Procurement Card
or Flexible Family Support Fund [FFSF] Program**

Child's Name:	FACS ID#
Family's Name:	County:
Service Area:	

1. Will flexible funding purchases lower the risk of child maltreatment and/or reduce the risk of out-of-home placement? Yes No

How?

2. Will flexible funding purchases help the child and/or family achieve the outcomes of the case family plan, if one has been developed? Yes No

How:

3. Have the family's income/financial resources and other community resources been reviewed to determine if they could meet the child or family needs? Yes No

List any resources that have been explored:

Items to be purchased and estimated maximum cost of each:

Estimated total cost of purchases:

Date purchases need to be made by:

Procurement card: Yes No If yes, list vendors, if known:

Flexible family support fund: Yes No If yes, list provider:

Name of DHS worker:

Signature of DHS worker: _____ Date: _____

Service supervisor decision:

Approved Denied Modified and approved as follows:

Supervisor signature: _____ Date: _____