

Arizona Friends of Foster Children Foundation (AFFCF) GRANT APPLICATION

Return completed form to: AFFCF
 7200 W. Bell Rd, Suite H-102
 Glendale, Arizona 85308-8537

 Tel: (602) 252-9445 x102
 Fax: (623) 487-3392

 www.affcf.org

OFFICE USE ONLY
APPLICATION NO:
DATE RECEIVED

NOTE: An incomplete or illegible application will delay grant processing. Provide the following information about the individual completing this application.

APPLICANT'S LAST NAME	FIRST NAME	M.I.	PHONE NO./EXT.
APPLICANT'S ADDRESS (NO.)	STREET	CITY	STATE ZIP
EMAIL ADDRESS			

RELATIONSHIP TO FOSTER CHILD

Self
 Relative
 Foster parent
 Case worker (Specify agency)
 Group home
 Other (Specify)

Provide the following information about EACH child for whom a grant is being requested. Additional space is provided on the reverse for an additional child. Photocopies may be attached. Eligibility for grant funding is limited to individuals who are, or were, as children, adjudicated wards of the Arizona court and placed outside their homes. The applicant may be required to provide proof of adjudication.

CHILD'S LAST NAME	FIRST NAME	M.I.	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE: ___ Years ___ Months Date of Birth:
CHILD'S ADDRESS (NO.)	STREET	CITY	STATE	ZIP

NAME OF CHILD'S CPS CASE WORKER	ADDRESS	PHONE NO./EXT.
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EMAIL ADDRESS	AGENCY	CITY
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WHEN WAS THE CHILD ADJUDICATED AS A WARD OF THE ARIZONA COURT? From (month, day, year) To (month, day, year)	IS THIS CHILD CURRENTLY ADOPTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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NAME OF FOSTER PARENT OR FACILITY AND EMAIL ADDRESS	PHONE NO.
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IS THIS CHILD CURRENTLY WORKING <input type="checkbox"/> Yes <input type="checkbox"/> No	WAGE PER HOUR \$	HOURS PER WEEK	CURRENT OCCUPATION
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CURRENT EMPLOYEE NAME

GRANT INFORMATION

TOTAL AMOUNT REQUESTED \$	DATE NEEDED BY
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DESCRIPTION AND REASON/CIRCUMSTANCE FOR REQUEST (ATTACH ADDITIONAL PAGE IF NECESSARY)

COST ITEMIZATION OF REQUEST (NUMBER OF LESSONS, COST-INCLUDING TAX, ETC)

AFFCF cannot make reimbursements of goods or services without pre-approval by the AFFCF Funding Committee.

CHECK INFORMATION: CHECKS MUST BE MADE PAYABLE TO THE PROVIDER OF THE SERVICE	PHONE NO.
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ADDITIONAL INFORMATION REQUIRED ON CHECK

MAIL CHECK TO

NAME

ADDRESS (NO.)	STREET	CITY	STATE	ZIP
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LIST ALL OTHER AGENCIES, INDIVIDUALS OR SOURCES FROM WHICH YOU HAVE REQUESTED THE AID SOUGHT IN THIS APPLICATION

The AFFCF does not duplicate services or benefits provided by other public, private or governmental agencies. By making, or joining in making, this request for a grant, the undersigned state that they have investigated alternative resources to fulfill the request listed above and that no reasonable alternatives are available. *(Please note that the applicant, foster parent and CPS case worker must sign the application.)*

CASE WORKER'S SIGNATURE	DATE
FOSTER PARENT'S SIGNATURE	DATE
APPLICANT'S SIGNATURE	DATE

USE FOR ADDITIONAL CHILD (PHOTO COPIES MAY BE ATTACHED)

CHILD'S LAST NAME	FIRST NAME	M.I.	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE: ___Years ___Months
Date of Birth:				
CHILD'S ADDRESS (No.)	STREET	CITY	STATE	ZIP

NAME OF CHILD'S CPS CASE WORKER	ADDRESS	CITY
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AGENCY	PHONE NO.
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WHEN WAS THE CHILD ADJUDICATED AS A WARD OF THE ARIZONA COURT? From (month, day, year) To (month, day, year)	IS THIS CHILD CURRENTLY ADOPTED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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NAME OF FOSTER PARENT OR FACILITY	PHONE NO.
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IS THIS CHILD CURRENTLY WORKING <input type="checkbox"/> Yes <input type="checkbox"/> No	WAGE PER HOUR \$	HOURS PER WEEK	CURRENT OCCUPATION
CURRENT EMPLOYEE NAME			

USE FOR MULTIPLE CHECKS (PHOTO COPIES MAY BE ATTACHED)

CHECK INFORMATION: CHECKS MUST BE MADE PAYABLE TO THE PROVIDER OF THE SERVICE	PHONE NO.
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ADDITIONAL INFORMATION REQUIRED ON CHECK

MAIL CHECK TO

Name

ADDRESS (NO.)	STREET	CITY	STATE	ZIP
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OFFICE USE ONLY

APPLICATION NO.	DISPOSITION DATE	DISPOSITION CODE	AID CODE	APPROVED AMOUNT \$
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EXPLANATION
