



KIDS FIRST - Island County

Request Form

Kids First is dedicated to fulfilling the unmet needs of children who are in foster care by building Partnerships that link children with educational, recreational and vocational opportunities. Requests for meeting these needs will be considered for every child who has an open case within Dept. of Child/Family Services (CPS/CWS) and who is in Dependency status.

Kids First makes every effort to meet each child's unmet needs through collaboration (with parents & extended families, social workers, schools, merchants, individuals, public and private organizations) to pool community resources.

Requests are received through children's social workers, caregivers and CASA's by completing the form below and submitting to **Kids First** via email or regular mail (address at bottom of form). Upon receipt **Kids First** will immediately start the process of verification, approval and obtaining resources to support the request. All information is confidential.

Kids First will:

- Contact person submitting request immediately upon receipt to ensure **Kids First** has all information needed to obtain resources and collaboration.
- Contact Social Worker to obtain required approval of request. Social Worker will be requested to indicate discretionary funds used and/or available. Department's discretionary funds must be used prior to other community resources.
- Contact Caregiver (if different from person submitting form) to ensure caregiver is in agreement with request.

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| PLEASE PRINT | CONFIDENTIAL | Date of Request: |
| Child's Name: | | |
| Male Female Age Grade | | |
| Social Worker's Name: | | Phone |
| E-mail | | Field Office |
| Placement Type: | In-Home Foster Home Relative | |
| | Other (Please Describe) | |
| Is Caregiver Aware of Request ? | Yes No | May We Contact Caregiver Directly ? Yes No |
| Care Giver's Name: | | Phone |
| E-mail | | City/Town |
| Your Name: | | Phone |
| E-mail | | Relationship to Child |
| Type of Support Being Requested (Be Specific): | | |
| (Attach Additional Pages If Needed) | | |
| Are there Other Individuals or Organizations Assisting with this Need ? | Yes No | |
| If Request is for Funding: | Total Requested from Kids First \$ | |
| | Total Requested from Other Sources \$ | Source |
| <i>Reimbursement cannot be made without Kids First approval prior to expenditures.</i> | | |

Email completed form to info@kidsfirst-ic.org or mail to: **Kids First**, PO Box 581, Clinton, WA 98236

Contact **Kids First** Team at 1.888.969.4877