



OFFICIAL REQUEST FORM FOR FUNDS

Funds can only be disbursed to company providing service, caseworker or adult working with foster youth. Never to a youth directly.

Requirements

1. Letter from the youth explaining how they meet Safety Net criteria (see attached pdf)
2. OFFICIAL REQUEST FORM FOR FUNDS must be completed by caseworker, advocate, or other adult working with youth. This form cannot be completed by the youth.
3. Supporting documents (if applicable):
 - a. **For rent**- An invoice or a copy of the portion of the lease with the remit to and amount listed prior to any payment being made by Safety Net. Please ensure the youth's name is included.
 - b. **For services such as phones, utilities, car payments, tuition, etc.**- A copy of the bill with the youth's name listed prior to a payment being made by Safety Net.
 - c. **For other requests**, such as laptops or other "items", please ensure the letter and this form are clear.
 - d. **All other**- please email or call us and we will guide you.
4. Receipts/Follow through
 - a. Receipts are required for all services/purchases as listed above. Please write the foster youth's name on the receipt and send to SpokaneSafetyNet@gmail.com. If receipt is not received, no additional funds will be dispersed until receipt is recovered.

If any of the items #1-3 are not included, the request cannot be processed. As the person requesting funds and advocating for the youth, Safety Net appreciates your support in ensuring #4 happens. Any questions, please email Jenny Hurd- SpokaneSafetyNet@gmail.com. Thank you!



Safety Net

OFFICIAL REQUEST FORM FOR FUNDS

(Must be filled out by advocate)

Date of Request: _____

REQUESTED BY:

Name:	Title/Organization:
Phone Number:	Email:
Mailing Address:	

YOUTH INFO:

Youth Name:	Purpose of Request (What is being requested):
Has the youth received help from Safety Net before? If yes, what assistance and when?	

PAYMENT INFO:

Payable to:	Amount: \$
Mail Check to:	Supporting Documents Included: YES / NO

TESTIMONIAL:

Please give us a brief summary of your relationship to the youth and what the request is:

Safety Net use only:	
Approved by:	
Coleen Quisenberry _____	Date approved: _____
Molly Allen _____	

Revised 04/2020