**FAMILY FINANCIAL ASSISTANCE REQUEST**

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| **REQUEST:** | **DATE:** | **REFERRED BY:** |

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # OF CHILDREN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGES OF CHILDREN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If request involves expectant mother or children, birth to grade 12 in the family home, proceed with the application. If not, refer to the appropriate Ministerial Alliance (listed at bottom of request form.)**

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| **EMPLOYMENT INFORMATION:****# of Adults at Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Employed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Child Support: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **DESCRIPTION/REASON OF FINANCIAL NEED:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**BILLING AGENCY/SOURCE NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TOTAL AMOUNT REQUIRED FOR SERVICE/EQUIPMENT/MEALS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMOUNT FAMILY IS ABLE TO PAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMOUNT OF ASSISTANCE REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAYMENT DUE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FACT FFAF APPROVED ASSISTANCE AMOUNT TO PAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Parents as Teachers Referral: Based on ages of children, ask if they are receiving Parents as Teachers (pregnant women & parents of children birth to age 3). If they meet the criteria but are not in PAT, ask if you can refer them or provide/mail them information.** |
| **Head Start or other Preschool Referral: Based on ages of children, ask if plan to send their 3 or 4-yr-old child to preschool. If so, provide/mail information on Head Start or preschool scholarships.**  |
| **Gas Card: Is a gas card needed in order to access vital services? Does family have access to transportation to meet medical, educational, and job needs? (Valid driver license? Road-worthy vehicles?)** |
| **Marion Co. Food Bank Referral: Do they have enough food/refer to Food Bank - Mondays 9-12 Thursdays 4:30-6:30** |
| **Marion County Family Resource Directory: Would the family like a directory mailed to them?** |

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| **FOR FURTHER MARION COUNTY REFERRALS/MINISTERIAL ALLIANCE CONTACTS:****Goessel: ……………………………………….(620) 367-8192 Marion-Florence-Centre:……………(620) 382-3122****Hillsboro-Durham-Lehigh:…………....(620) 947-3824 Peabody-Burns:………………………….(620) 983-2154****Marion County Salvation Army: ……(620) 947-3824** |

**A copy of each invoice/bill of financial assistance paid must be attached to the financial assistance request form.**