

The mission of The Foster Care Council is to provide funding for sports, clothing, tutoring and summer camps to local foster children. These funds can also be used for art, dance, sports equipment, instruments, class trips, registration fees, school clothes and school supplies and in some cases emergency assistance/ supplies. We do not reimburse for expenditures. The Foster Care Council is a 501 (c) 3 non-profit organization

## ALL information on this application will remain CONFIDENTIAL.

DATE			
CHILD'S FULL NAME	AGE	DOB	
FOSTER PARENT'S NAME	PHONE	()	
ADDRESS	City	StateZip	
ALL APPLICATIONS MUST OBTAIN THE APPROVAL OF THE CARETAKER.			
Has approval been obtained? YesNo_	If not, please explain		
Who initiated this request? CN FP LS	S RCC GAL DCF CFCRB	OTHER	
**NAME OF GAL or "Other"	P	hone	
I am requesting funding for the above named child for the following purpose: (give details)			
Appropriate documentation for all requests involving lessons is attached.			
If request is an ongoing activity, how long frame by which funds are required?	g will the fundingbe needed?		ere a deadline or time
In what way, do you feel, approval of this request will enrich the life of this child?			
Mental Health Physical Educ	ational Psychological	Social Spiritual	Other
THIS REQUEST IS FOR \$The check should be <b>MADE TO</b> the following <b>PROVIDER</b> (if applicable).			
NAME	Phone		
ADDRESS	CITY	STATEZIP_	
DCF/CMO CASE MANAGER INFORMATION (**GAL or "OTHER" must include this information)			
Case Manager (print name)	Phor	neEmail	

## The Foster Care Council 2121 Richmond Rd. Lexington, Ky. 40502 239-248-7699

email: cassie@thefostercarecouncil.com