

# REFERRAL REQUEST FORM

Request Number - Date Received:



CHILDREN'S FUND

Please complete all required fields. Any fields left blank may result in the delay and/or cancelling of referral request after 3 days. We reserve the right to approve or deny any request; and in some cases the request may not be granted in its entirety. Completed requests forms take 3- 5 days for processing and you will be contacted upon completion. Once the referral is approved, the Case Manager has 14 days to pick it up or it will be cancelled and you will have to resubmit a new request form.

## CASE MANAGER INFORMATION:

Case Manager: \_\_\_\_\_ Title: \_\_\_\_\_ Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Interoffice Mail Code \_\_\_\_\_

Work Address \_\_\_\_\_

Email Address: \_\_\_\_\_

## CHILD INFORMATION:

List only the children in which you are requesting services. If there are more than three children, refer to second page for additional entries. **\*\*\*PLEASE NOTE: REFERRAL REQUESTS CANNOT BE SUBMITTED FOR UNBORN CHILDREN!\*\*\***

CHILD'S NAME: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

Gender: M F Ethnicity: CAUC  BLACK  HISP.  ASIAN  AMER IND  OTHER

CHILD'S NAME: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

Gender: M F Ethnicity: CAUC  BLACK  HISP.  ASIAN  AMER IND  OTHER

CHILD'S NAME: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_\_

Gender: M F Ethnicity: CAUC  BLACK  HISP.  ASIAN  AMER IND  OTHER

Total Number of People (children and adults) living in household \_\_\_\_\_

Is this an undocumented family? \_\_\_\_\_ (This is strictly for statistical purposes only)

Is this child a dependant of the court? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list the name of child's Case Worker: \_\_\_\_\_

## RESOURCE NEEDED: (please state exactly what is needed)

\_\_\_\_\_

Three other resources explored: (i.e., County and other Community Based Organizations)

\*1) \_\_\_\_\_

\*2) \_\_\_\_\_

\*3) \_\_\_\_\_

Dollar Amount of Request: \$ \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

If Applicable

**\*PARENT/GUARDIAN INFORMATION:**

Name: \_\_\_\_\_ Phone : \_\_\_\_\_  
*Of Parent/Guardian where children are currently residing*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**\*FINANCIAL INFORMATION:**

Monthly Income: \$ \_\_\_\_\_ Source: TANF WORK SSI OTHER

Food Stamps: \$ \_\_\_\_\_

Outgoing Bills: Rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Food: \$ \_\_\_\_\_ Phone: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ (Amount exceeding food stamps)

Please Explain Other \_\_\_\_\_

**\*\* FINANCIAL INFORMATION IS NOT REQUIRED FOR COURT DEPENDENTS, UNLESS REQUESTING RENT/UTILITY ASSISTANCE \*\***

**JUSTIFICATION LETTER**

In order to be considered for funding, this request form must be accompanied by a letter of justification explaining the specific reason for the current need. The request and letter of justification may be mailed or faxed to Children’s Fund. However, please do not do both.

Please include the following information in the letter of justification as well as any other information you feel is pertinent to the request:

- What is the reason(s) the family is unable to provide resources for the child or children?
- How will the family sustain if services are provided to them? *(This is vital in cases of utility, rental assistance, and/or requests for long term services such as bus passes.)*
- Is anyone in the household working, going to school, participating in job training or in a court ordered service plan? If so, please explain.

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
\*Case Manager Signature Date \* Supervisor’s Signature Date

\_\_\_\_\_  
\*Print Name \*Print Name



825 Hospitality Lane, 2<sup>nd</sup> Floor, San Bernardino, CA 92415-0132  
Phone: 909.387.4949 Fax: 909.383.9755  
Revised 09/08

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## CHILD INFORMATION - ADDITIONAL ENTRIES

<b>CHILD'S NAME:</b> _____ <b>DOB</b> ___/___/___ <b>SS#</b> _____
<b>Gender:</b> M F <b>Ethnicity:</b> CAUC <input type="checkbox"/> BLACK <input type="checkbox"/> HISP. <input type="checkbox"/> ASIAN <input type="checkbox"/> AMER IND <input type="checkbox"/> OTHER <input type="checkbox"/>
<b>CHILD'S NAME:</b> _____ <b>DOB</b> ___/___/___ <b>SS#</b> _____
<b>Gender:</b> M F <b>Ethnicity:</b> CAUC <input type="checkbox"/> BLACK <input type="checkbox"/> HISP. <input type="checkbox"/> ASIAN <input type="checkbox"/> AMER IND <input type="checkbox"/> OTHER <input type="checkbox"/>
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CHILDREN'S FUND

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Revised 09/08



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## Referral Request Guidelines

- All referral forms must be filled out completely, including the social security number, date of birth, a letter of justification and the signature of the case manager's supervisor. Please note that the justification letter must be type on official letterhead indicating the reason for the request.
- It is the responsibility of the case manager to take the client shopping. The client is not permitted to have direct access to any gift cards and/or checks given to the case worker by Children's Fund.
- The case manager can only purchase those items that have been pre-approved by Children's Fund based upon the submitted request.
- The case manager must return all receipts within 14 days of pick-up of allotted resources from Children's Fund.
- Please return the enclosed itemized list along with the receipts in the return envelope provided by Children's Fund.
- Once the case manager has taken the client shopping, please return all unused gift cards, as well as those cards with a remaining balance to a Children's Fund representative.
- If you are unable to pick up the check/gift card (s), you must call and let us know who will be picking them up for you before coming to Children's Fund. Please note that funds will not be released unless this procedure is carried out.
- It is imperative that the receipt amounts match the approved items requested for the families. If not, then the case manager will be held liable for the unauthorized purchases as well as restricted from future referral requests.
- Case managers will be notified via email/phone once the referral has been received. Upon completion of the referral, the case manager will be notified for pick up. Please do not call for the status of referrals, and under no circumstances are clients ever to contact Children's Fund directly.

**I have read the above guidelines and understand that if I fail to comply, it can result in the inability to receive funding for future requests.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature