

Preschool Services Department Authorization for Issuance of Immediate Need Voucher(s)

FOR INTERNAL USE ONLY

Child's Name (LN, FN)	CHILD PLUS ID	Date of Birth	Gender	*Ethnicity
			<input type="checkbox"/> M <input type="checkbox"/> F	C <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> A <input type="checkbox"/> AI <input type="checkbox"/> O <input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F	C <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> A <input type="checkbox"/> AI <input type="checkbox"/> O <input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F	C <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> A <input type="checkbox"/> AI <input type="checkbox"/> O <input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F	C <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> A <input type="checkbox"/> AI <input type="checkbox"/> O <input type="checkbox"/>

* C = Caucasian, B = Black, H = Hispanic, A = Asian, AI= American Indian, and O = Other

Family Child Plus ID # _____ Family/Primary Caregiver's Phone Number _____

Family/Primary Caregiver's Names _____

Home Address _____

Request for Issuance of Voucher: **Client to pick up**

I, _____, authorize to _____
(Generalist's/Teacher's name) (Name of Family/Primary Caregiver)

an Immediate Need payment for the above child(ren.) for:

Item(s) _____
 Vendor _____
 Address _____ City _____ State _____ Zip _____
 Max Amount Issued \$ _____ Voucher # _____
 Cost Per Item \$ _____

Item(s) _____
 Vendor _____
 Address _____ City _____ State _____ Zip _____
 Max Amount Issued \$ _____ Voucher # _____
 Cost Per Item \$ _____

Item(s) _____
 Vendor _____
 Address _____ City _____ State _____ Zip _____
 Max Amount Issued \$ _____ Voucher # _____
 Cost Per Item \$ _____

Justification for issuance is documented in the: Family Services Information.

 Issuance Fiscal Clerk Signature Date

 Generalist/Teacher Signature Date

 Phone ()

 Admin. Supervisor Signature/Designee Date

 Program/Site Supervisor Signature Date

Original: HS Auditing
 Copy: Monitoring Unit
 Copy: Generalist (file copy)

Instructions – Children’s Fund Voucher Request

Completion of the PSD 712 Form – Authorization for Issuance of Immediate Need Voucher(s)

Child Information

Enter name, COPA ID and birth date for each child receiving item(s) with the Children’s Fund Voucher. Mark the appropriate box indicating gender and ethnicity.

Family/Primary Caregiver Information

Complete this section in its entirety.

Voucher Information

Each item category should have it’s own sections (do not combine categories). Mark the box for each vendor and each item category; complete all the information required for that vendor. Leave the ‘Voucher #’ line blank for the Fund Custodian to complete.

Signature Section

PSD staff completing the PSD 712 Form for their client will sign and date. Then obtain Program/Site Supervisor signature and date. Leave the ‘Issuance Fiscal Clerk Signature/Date’ line blank – to be signed by Fund Custodian.

Disbursement

Make two copies of the PSD 712 Form. One copy will be placed in the Children's File. The original and a copy will be returned to the Fiscal Fund Custodian, Susan Reeder.