

Differential Response: Pathways to Strengthening and Supporting Families

REQUEST FOR CASH ASSISTANCE

CLIENT INFORMATION

Family Name: _____ CYCIS #: _____
Address: _____ Phone: (____) _____
_____ Region: _____ Site: _____ Field: _____

HOUSEHOLD COMPOSITION

Head of Household Name: _____ Birth Date: _____
Head of Household Name: _____ Birth Date: _____

Child's Name	Birth Date	Relation to Head of Household
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Household Income Sources: _____ Amount: _____

Describe the need this request will address: _____

What led to the need? _____

CASEWORKER INFORMATION

Caseworker: _____ Worker ID#: _____
Agency: _____ Phone: (____) _____
Address: _____ Extension: _____
_____ Fax: (____) _____
Supervisor: _____ Phone: (____) _____

REQUEST FOR CASH ASSISTANCE

Note: Page one and two are required for cash assistance requests.

Family Name: _____

CYCIS #: _____

How will these funds help to Strengthen and Support this family? _____

Other resources explored before requesting this assistance: _____

CASH ASSISTANCE REQUESTED

1. Payee: _____

Amount: _____

Purpose: _____

Account #: _____

Address _____

Phone:(_____) _____

Picked Up Mailed to: _____

2. Payee: _____

Amount: _____

Purpose: _____

Account #: _____

Address _____

Phone:(_____) _____

Picked Up Mailed to: _____

3. Payee: _____

Amount: _____

Purpose: _____

Account #: _____

Address _____

Phone:(_____) _____

Picked Up Mailed to: _____

SIGNATURES OF PERSONS REQUESTING CASH ASSISTANCE

Case Worker: _____

Date: _____

Supervisor: _____

Date: _____

Signature of person who will pick up the check(s): _____

Sign again after the check(s) is received from the provider: _____

SIGNATURES AUTHORIZING CASH ASSISTANCE

1. Payee: _____

Amount: _____

2. Payee: _____

Amount: _____

3. Payee: _____

Amount: _____

DCFS Differential Response Project Director: _____

Date: _____