



WISHES & NEEDS FUNDING REQUEST

W#13001

ON BEHALF OF: <i>Recipient(s)</i>		AGE(s):	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	DATE:
REQUESTED BY:	PHONE:	SOCIAL WORKER:		PHONE:
PLACEMENT TYPE:	AMOUNT OF REQUEST:		DATE FUNDS NEEDED:	
<p>EXPLAIN THE NEED AND HOW MEETING THAT NEED WILL AFFECT THE CHILD: <i>(This is your opportunity to provide a detailed and compelling argument for your request.)</i></p>				
<p>FROM WHAT OTHER SOURCES HAVE YOU REQUESTED THE FUNDS & WHAT IS THE STATUS OF SUCH REQUESTS? <i>(e.g., Are the funds available through DSHS, are there Foster Parents involved who might help?)</i></p>				
<p>IF A PURCHASE IS INVOLVED, PLEASE PROVIDE THE VENDOR, CONTACT INFORMATION, AND WHETHER DISCOUNTS ARE AVAILABLE: <i>(Volunteers are encouraged to seek discounts.)</i></p>				
<p>VOICES FOR CHILDREN FOUNDATION INTERNAL USE ONLY: (DO NOT FILL IN SPACES BELOW THIS LINE.)</p>				
METHOD OF PAYMENT:		AMOUNT GRANTED:	DATE APPROVED:	DATE COMPLETE:
VENDOR(S) USED: (DISCOUNTS & DONATIONS)				
GENERAL COMMENTS:				

Completed forms should be submitted to:

voices@voicesforchildrenyakima.org