

**Community Action Council Referral
Child Protective Services
Concrete Goods and Services Fund**
Send to: Rhonda.Williams@commaction.org

Referring Child Protective Services Worker	
CPS Worker: _____	Email: _____
FSOS: _____	Email: _____
Region: _____	Case #: _____

Adult Information	
Name: _____	Telephone #: _____
County: _____	Email: _____

Child(ren) Information	
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____

Goods or services needed (Check all that apply and provide details of request, how it will assist the family and the total amount being requested)

- ☐ Housing Assistance (rent, mortgage, etc.)
- ☐ _____
Transportation Assistance
- ☐ _____
Weatherization
- ☐ _____
Utilities (electric, water, trash, insurance, etc.)
- ☐ _____
Household Supplies
- ☐ _____
Pest Control
- ☐ _____
Other _____

What other resources have been sought or utilized to assist with above request? *(if any)*

Describe plans that have or are being implemented to help maintain the family after these funds have been expended. For example, if rent was paid, what plan has the family formulated to ensure that this is not a problem in the near future?

Supporting documentation (this would include statements from landlord, documentation from utility company on payment owed, estimate from vendor for the cost of goods or service requested, etc.)

☐ Yes ☐ No

Vendor Name:	Vendor address and phone number:	Request Amount:
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Total: