

**Concrete Goods and Services Referral
Child Protective Services**

Send to: Regional Concrete Goods and Services Gatekeeper

***Please note: Making a referral does not guarantee it will be approved/paid. Please plan accordingly with families and do not promise this funding.**

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

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

All Household Members (children included)	
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____
Name: _____	DOB: _____

Goods and Services Requested:

Mandatory: Check all that apply and provide total amount requested.

Housing Assistance:

Total Amount: _____

Transportation Assistance:

Total Amount: _____

Utilities:

Total Amount: _____

Household Supplies

Total Amount: _____

Pest Control:

Total Amount: _____

Weatherization:

Total Amount _____

Other:

Total Amount: _____

Vendor Name	Vendor Address	Vendor Phone #	Amount
Total Requested:			

Assessment of Need:

(Below fields are mandatory and referral will be returned if this information is missing)

How would the above requests benefit the family? What is the reason for each request?

What other resources have been sought or utilized to assist with above request?

(It is mandatory to exhaust community resources before seeking this funding and without adequate information here, this referral should be denied.)

Describe the plans for sustainability that are being implemented to help maintain the expense after these funds have been utilized.

- **How will the family pay for these expenses in the future?**
- **Provide information regarding informal budgeting – list monthly expenses and family income below to help support sustainability.**

Supportive Documentation Checklist:

Supportive documentation is mandatory for referral review.

Housing Assistance:

- ☐ A rental agreement or lease (all pages with signatures).
- ☐ An itemized statement of the current amount due.
- ☐ Address of the property: _____

Household Supplies (missing information about delivery/pick up will be automatic denial):

- ☐ An online shopping cart to show items being requested (total should be calculated without sales prices).
- ☐ Delivery Address (if shipping): _____
- ☐ Pick up store preference: _____

Transportation Assistance:

- ☐ Car title.
- ☐ Proof of valid driver's license and insurance.
- ☐ A detailed statement of repairs needed.

Utilities:

- ☐ An invoice/bill that shows account number, total amount due, name of account holder, vendor.
- ☐ Account is in a different individual's name than listed on referral.

Account Holder Name/DOB: _____

Explain:

- ☐ Proof of residency for the individuals on the referral.
- ☐ Address of the property: _____

Pest Control:

- ☐ Invoice detailing service needed and cost.

(Approving Supervisor Signature/Date)

(Approving Gatekeeper Signature/Date)

