**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: | Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **All Household Members (children included)** |
| Name: |   |  DOB: |   |
| Name: |   |  DOB: |   |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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)