

REDWOOD COAST DEVELOPMENTAL SERVICES CORPORATION
CLIENT BENEFIT FUND (CBF)

GRANT REQUEST FORM

1. Date of request _____ 2. Date needed _____ 3. Amount requested \$ _____

4. Client name _____ Address _____

Date of birth ___/___/___ _____

Phone _() _____

County in which client lives _____

5. Requesting party: Client ___ Parent ___ Conservator ___ Other ___

6. Reasons for request (explain in detail) _____

7. How will this request benefit the client? _____

8. Other resources, including family resources, explored to pay for this request – dates and outcomes:

a. _____

b. _____

c. _____

d. Other: _____

9. I authorize RCRC to release information to the CBF Committee regarding this request:

Print _____ Signature _____

=====

REMINDER: The deadlines each year - February 28th and June 30th !

OVER →

=====

To be completed by RCRC staff

10. Has Client received a grant from CBF during the current year? Yes ___ No ___
(Only one grant per year per Client.)

If 'yes' - Date _____ Reason: _____

11. Name & Address of person/agency to receive check:

12. RCRC has explored other resources and funding possibilities, including POS, to pay for this request. No other sources have been found. Resources explored and dates and outcomes are:

a. _____

b. _____

c. _____

Service Coordinator (signature) _____ Date: _____

Phone # _____

=====

Date request was received by Exec. Assistant _____

Date request was sent to the CBF Committee _____

CBF Policy #10 - Request Form

Revised 9/14/2013

- /dl-r