

## ACCMP Family Assistance Flex Fund Request

### Youth/Family Information:

Child/Youth Name (first/last name):

Race/Ethnicity:

Date of Birth:

Gender:

Parent/Caregiver Name(s):

Zip Code:

### Request Information:

Date of Request:

Requestor Name:

Requestor Organization/Agency:

Requestor Email:

Requestor Phone:

Total Amount of Funds Requested:	Check if the purchase is to be: <input type="checkbox"/> One time <input type="checkbox"/> Recurring for a specified duration Specify frequency: Specify duration:
Date Funds Needed By:	Vendor/Provider Name:
Billing Code: <b>2010Y0801597</b>	

Please note: Flex funds cannot be paid directly to a youth/family and cannot be used to reimburse families for expenses already incurred. Flex funds must be paid to a 3<sup>rd</sup> party/vendor/provider.

What will the flex funds be used for? (services/goods):          
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Explain how family, community, systems, and provider resources have been explored as funding options and how flex funds are addressing a gap.          
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**\*\*Please provide a copy of the last family service plan or referral that identifies this service/good as a need.**

ACCMP Supervisor signature/date: \_\_\_\_\_

Questions about this form, please contact ACCMP Supervisor at [accmp@adcogov.org](mailto:accmp@adcogov.org)