

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: 2010Y0801597	

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 3rd party/vendor/provider.

What will the flex funds be used for? (services/goods):

Explain how family, community, systems, and provider resources have been explored as funding options and how flex funds are addressing a gap.

****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