



**Council of Churches
of the Ozarks**
Ambassadors for Children

AMBASSADORS FOR CHILDREN

FOSTER SUPPORT REQUEST FORM

3055 E. Division, Springfield, MO 65802
P: 417-708-0565

Complete and Email to: FosterSupport@ccoazarks.org

Child(ren) Name: _____

Age(s): _____ M or F County placed from: _____

Placement Name: _____ Email: _____

Phone: _____ Address: _____

City, State, Zip: _____

OK to ship item to this address? Yes / No

Type of Placement: *please check applicable

____ Traditional Placement

____ Kinship Placement

____ Residential Placement

____ Independent Living

____ Permissive Placement

____ Other _____

Date Submitted: _____ Request deadline: _____ *allow 1-2 weeks minimum

Requesting Caseworker: _____ Email: _____

Phone: _____

Unit's Lead Caseworker: _____ Email: _____

Phone: _____

Item or Service Requested *must have detail of item such as size, costs, organization, etc.

If you are requesting a car seat, what is the child's weight? _____ height? _____

Purpose of request: *please select one

____ Needed to keep a child safe

____ Needed to reunify a family

____ Needed to preserve a placement

____ Needed to build self-esteem (extracurricular activities, graduation expenses, etc.)

____ Needed to keep siblings together

____ Needed to stabilize a youth aging out

How will the requested item or service benefit the child's well-being? (Provide as much as possible)

Total \$\$ Amount for requested item/service: _____

If request is for service, check is made payable to: _____

Mail check to: _____

Caseworker Signature: _____ Supervisor Signature: _____

To be completed by Ambassadors for Children:

____ Project Self-esteem

____ OHAF

of children served _____

Partner Group: _____

Date Submitted: _____

Date of response by partner group: _____

Date/Initials of request fulfilled: _____

Thank you received: _____

Estimated donation amount: _____