



**For PSF Use Only:**  
 Approved / Denied  
 Signed: \_\_\_\_\_

**Madison/Taylor  
 Children's Partnership Council Fund Request**

**Process**

When seeking assistance for a client through Council Funds, please complete this form and send to [getengaged@pfsf.org](mailto:getengaged@pfsf.org). If fund use is approved, you will receive confirmation via email. Do not make purchases or guarantees until this confirmation email is received. Please note that Council funds cannot be used to directly benefit Council members.

Please note that support is limited to no more than \$200/family/year.

**Requester Information:**

Agency:	Agency Contact:
Phone:	Email:

**Recipient Information:**

First Name:	Last Name:
# of Children in Home:	County of Residence:

**Support Request:**

Date of Request:
Support Requested (Choose One): Rent Assistance    Utility Assistance    Diapers    Pack 'n Play    Other
If "Other" please specify:
Amount: \$
Due Date/Date Needed:

**Details of the Crisis/Situation that Led to the Financial Need:**

**Plan for Maintaining this cost in the future (include employment information, public assistance, child support, etc.):**

**Outside Resources:** List at least two other resources that were contacted but unable to provide for the need (i.e. local churches, Salvation Army, etc.).

Agency	Date Contacted	Reason Request was Denied
1.		
2.		

Send Completed Forms/Questions to:  
[getengaged@pfsf.org](mailto:getengaged@pfsf.org)  
 Partnership for Strong Families  
 Phone/Fax: 352-244-1626