Application for Funds

Date of Application:___-___-____ Amount Requested:_____ Case #: _____

Nebraska Friends of Foster Children Foundation, Inc
P.O. Box 31142
Omaha, NE 68131-0142
Email Address: ne.friendsoffosterchildren@gmail.com

Foster Parent/Provider: _____
Address: _____
City:_____ State:_____ Zip: _____
Phone (H):_____ Phone (W): _____
Email:_____

Name of child in care: _____
Child's date of birth:_____ Age today: _____
Sex: M____ F____ State Ward: Y____ N____

Type of placement: Temporary:_____ Long Term: _____
Length of time at current placement: _____
Placement Agency:_____ Caseworker:_____
Address: _____
City:_____ State:_____ Zip: _____
Phone (W):_____ Email: _____

Make check payable to: _____
Address: _____
City:_____ State:_____ Zip: _____

Specific nature of request (If the request is for clothing, please explain the need):

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Please use the other side of the application, if additional space is needed.)

Signature of Applicant:_____ Date:_____

Please allow 6-8 weeks for processing.