



**Heart Gallery**

■ ALABAMA ■

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## Financial Assistance Request Form

### Request Information

Person Requesting: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Child's Name \_\_\_\_\_

County of Custody: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Description of Request: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Request Date: \_\_\_\_\_

Date Funds Are Needed: \_\_\_\_\_

### Disbursement Information

Vendor Name: \_\_\_\_\_

Vendor Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # & Email: \_\_\_\_\_

#### For Office Use Only:

Date Received: \_\_\_\_\_

Request Status: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Bubbles & Blossom

Hope From the Heart

Notes / Comments: \_\_\_\_\_