



## REQUEST FOR FUNDS

**Youth Name:**

**Youth Date of Birth:** \_\_/\_\_/\_\_

**Youth Demographic Information**

**County Where Youth Resides:** \_\_\_\_\_

**Youth Gender:** Male, Female, Gender Nonconforming, Prefer Not to say

**Race or Ethnicity (based on U.S. Census Report):**

Asian  
Native American/Alaskan Native  
Prefer not to say

African American  
Caucasian  
Other

Hispanic or Latino  
Multiracial  
Pacific Islander/Native Hawaiian

**Sponsoring Adult Name:**

**Sponsoring Adult Status (Check One):**

\_\_\_\_\_ Foster Parent      \_\_\_\_\_ DSS Staff      \_\_\_\_\_ Children's Home Staff

\_\_\_\_\_ Teacher      \_\_\_\_\_ School Social Worker      \_\_\_\_\_ Guardian Ad Litem

**Sponsoring Adult E-mail Address:**

**Sponsoring Adult Phone Number:**

**Amount Requested:**

**How will funds be used?** (Please limit response to fit in the space provided below.)

**If approved, to whom should payment of funds be sent to?**

**Name of person/business:**

**Address:**

☐ By checking this box, I confirm that I understand I must submit to Katrina's Kids copies of receipts for any items or services purchased with funding from Katrina's Kids.

Send this form by e-mail to: DesireeWatson@me.com. Katrina's Kids may request additional documentation. Katrina's Kids does not discriminate on the basis of race, age, gender or ability to the extent prohibited by law. Any demographic information is for internal purposes only.