

**Differential Response: Pathways to Strengthening and Supporting Families**

**REQUEST FOR CASH ASSISTANCE**

**CLIENT INFORMATION**

Family Name: \_\_\_\_\_ CYCIS #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Region: \_\_\_\_\_ Site: \_\_\_\_\_ Field: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

Head of Household Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Head of Household Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Child's Name	Birth Date	Relation to Head of Household
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Household Income Sources: \_\_\_\_\_ Amount: \_\_\_\_\_

Describe the need this request will address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What led to the need? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CASEWORKER INFORMATION**

Caseworker: \_\_\_\_\_ Worker ID#: \_\_\_\_\_  
Agency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_ Extension: \_\_\_\_\_  
\_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**REQUEST FOR CASH ASSISTANCE**

*Note: Page one and two are required for cash assistance requests.*

Family Name: \_\_\_\_\_

CYCIS #: \_\_\_\_\_

How will these funds help to Strengthen and Support this family? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other resources explored before requesting this assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CASH ASSISTANCE REQUESTED**

1. Payee: \_\_\_\_\_

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

Purpose: \_\_\_\_\_

Account #: \_\_\_\_\_

Address \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_

Picked Up  Mailed to: \_\_\_\_\_

2. Payee: \_\_\_\_\_

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

Purpose: \_\_\_\_\_

Account #: \_\_\_\_\_

Address \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_

Picked Up  Mailed to: \_\_\_\_\_

3. Payee: \_\_\_\_\_

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

Purpose: \_\_\_\_\_

Account #: \_\_\_\_\_

Address \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_

Picked Up  Mailed to: \_\_\_\_\_

**SIGNATURES OF PERSONS REQUESTING CASH ASSISTANCE**

Case Worker: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

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

Signature of person who will pick up the check(s): \_\_\_\_\_

Sign again after the check(s) is received from the provider: \_\_\_\_\_

**SIGNATURES AUTHORIZING CASH ASSISTANCE**

1. Payee: \_\_\_\_\_

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

2. Payee: \_\_\_\_\_

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

3. Payee: \_\_\_\_\_

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

DCFS Differential Response Project Director: \_\_\_\_\_

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