CHILDREN IN NEED (CIN) REQUEST FORM

BEFORE COMPLETING, PLEASE REVIEW INSTRUCTIONS

(Form will be returned, unprocessed if incomplete)

DATE: _____ **LOG NUMBER** _____
(For CIN advisor only)

Case Name: _____ **Case Number**: _____

(A) Complete ONLY if CIN Request is for OVERNIGHT CAMP: Please see instructions for amounts allowed.

		REQUESTED	DISABLED?
CHILD'S NAME: _____	DOB _____	$_____	Y N
CHILD'S NAME: _____	DOB _____	$_____	Y N

Name of School or Camp: _____ Contact Name _____

Camp Dates: From _____ To _____ & number: _____

(B) ALL OTHER REQUESTS – COMPLETE THIS SECTION

		REQUESTED	DISABLED?
CHILD'S NAME: _____	DOB _____	$_____	Y N
CHILD'S NAME: _____	DOB _____	$_____	Y N
CHILD'S NAME: _____	DOB _____	$_____	Y N

Event/Activity/Sports/Items(*i.e. lessons, equipment*): _____

Name of Organization OR Vendor *(i.e. YMCA, Pop Warner)*: _____

Have funds been requested for this child within this calendar year (January-December) Y N

Other resources explored: (scholarships, family, friends, etc.) 1) _____ 2) _____

Make Check Payable to:
(Refer to 6 on instructions)

School/Organization: _____

Address: _____

City: _____ **State** ____ **Zip** _____ **Phone** _____

Mail Check to:
(If different than above)

Name: _____

Address: _____

City: _____ **State** ____ **Zip** _____ **Phone** _____

(It is best to have the check mailed to caretaker so it can be given to vendor at time of registration or purchase)

WORKER NAME: _____ **Signature:** _____ **Phone #:** _____ **Mail stop:** _____

SUPERVISOR NAME: _____ **Signature:** _____ **Phone #:** _____ **Mail Stop:** _____

CIN Rep.'s Name: _____ **Signature:** _____ **Phone #:** _____ **Mail stop:** _____

CIN PROCESSING

CIN Camp Liaison: _____ **Approved CIN Request & Submitted for Payment:** _____

Board Approval: _____ **Date:** _____ **CIN Treasurer Verification:** _____

Check No: _____ **Date:** _____ **Amount: $**_____ **Date sent to Payee:** _____

DISTRIBUTION: Email to supervisor for approval. Supervisor send to CIN rep. Rep send to Board approver. Final copy sent to CIN Advisor. Save a copy for case file.

CIN.SOP-3 (06-1-09)