

New Application for Funds

Date of Application: ____-

Amount Requested: \$ _____

Nebraska Friends of Foster Children Foundation, Inc.

Omaha, NE 68154

or service if possible.

*Please allow 6-8 weeks for processing.

P.O. Box 541034

Foster Parent/Provider	f:			
Phone (H):	Phone (W/C):	Email: _		
Name of child in care: _			7	
	·			
Type of placement: Ten	nporary Long Term	4 Length of time a	at current placemen	t:
Placement Agency:	Case	eworker:		
Address Address:		City:	State:	Zip:
Phone (W):	Ema	il:		
	The application, if additional space BE MADE DIRECTLY TO	O THE SUPPLIER (ГТАСН А RECEIPT
Make check payable to:	(Limited	d exceptions <u>may</u> a		
				Zip:
Application Require	ments:			
	<u>caseworkers, or residential (</u>	<u>care providers</u> may m	nake an application fo	or an eligible ward.
	funded are those not covered			
life enrichment.				
	and independent living needs	•	•	
	II only be considered for spec vities or for special events.	cial circumstances. Ex	xamples include but a	are not limited to outfits for
	ly or partially funded depend	ling on the amount of	the request and the	availability of funds.
	es payments directly to vend	•	•	•
	t is included with the applicat			-

Signature of Foster Parent/Case Worker/Care Provider: ______ Date: _____