



Ambassadors for Children Support Request Form

500 W. Battlefield Ave. Ste B. Springfield, MO 65807
417-708-0565 (ph) 417-708-0566 (fx) or ambassadors@ccoarks.org

Eligibility: Alternative Care, Permissive Placements, Family Centered Services placed from or living in Greene, Christian, or Taney Counties.

Child(ren) Name _____ DOB _____ M or F _____ County placed from _____
Placement Name _____ E-mail _____ Phone _____
Address _____ City, State, Zip _____

Alternative Care

Permissive Placement

Family Centered Services

Date Submitted _____ Request Deadline _____ *Allow 1-2 weeks at minimum.

Requesting Caseworker _____ E-mail _____ Phone _____
Unit's Lead Caseworker _____ E-mail _____ Phone _____

Item or Service Requested: _____

Purpose for Request (Select one):

- Needed to keep a child safe. Needed to preserve a placement. Other Request.
- Needed to keep siblings together. Needed to stabilize a youth aging out.
- Needed to reunify a family. Needed to build self-esteem (extracurricular activities, graduation expenses, etc.)

How will the requested item or service benefit the child's well-being? _____

Additional Information: _____

Amount Requested: _____

Make Check Payable: _____

(Merchant, Business, or Ambassadors for Children only. Checks cannot be made to a foster parent, caseworker, or bio parent.)

Mail Check to: _____

(Checks cannot be mailed to a foster parent or bio parent.)

Pick-up Location: _____

(Must be a Public location or Ambassadors for Children office.)

Caseworker's Signature _____

Supervisor's Signature _____

To be completed by Partner Group:

Partner Group Name _____ Contact Person _____ Volunteer Time Donated _____

Date of Request Fulfilled _____

Items Donated _____

Estimated Contribution (amount) _____

Donation Receipt Needed: Yes / No



Thank you for your support!