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Covenant to Care for Children

*Helping Connecticut's
Children in Need.*

Telephone: (860) 243-1806
Fax (860) 243-0100
info@covenanttocare.org
Website: www.covenantocare.org

Funds Request Form

Please Print Clearly. Incomplete forms will not be processed.

Social Worker's Name: _____

Are matched through our AASW (Adopt A Social Worker) program? : YES / NO

If yes, name of CCC regional coordinator: _____

Work Number (with Ext.): _____ Beeper/Cell Phone Number: _____

Organization: _____ Town: _____

Client's Name: _____ Client's Phone Number: _____

Number of children In Client's Family: _____

Client's City of Residence and Zip Code: _____

Make check payable to: _____

Mail check to: _____

I will pick up check: _____

Deadline for action: _____ **Amount requested:** _____

Please describe the intended use and purpose of your request for funds along with other steps you have taken to secure funding:

Social worker Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Fax completed forms to Yovanna Wedderburn at (860) 243-0100. Thank-you!

For CCC office only

Balance after request _____

DOA Signature _____ Date _____