Covenant to Care for Children
Helping Connecticut's Children in Need.

120 Mountain Avenue
Suite 212
Bloomfield, CT 06002
Telephone (860) 243-1806
Fax (860) 243-0100

Children's Enrichment Funds Request Form **fax to: 860-243-0100**

PLEASE PRINT CLEARLY. INCOMPLETE FORMS CANNOT BE PROCESSED

Social Worker: _____ Date of Request: _____
Agency/City: _____

Phone: _____ Cell: _____Email:_____

Client Name: _____

Residence City: _____ Zip: _____

Family Ethnicity: mark all that apply (for reporting purposes only)

African___European___Latino___Asian___Other_____

Number of children in client's family: _____

Make check payable to: (We *never* write check to client!)

_____

Check Delivery: (circle one) **pick up**☐ **mail***☐

*Mail check to: Number, Street, Apt#:

_____

City: _____ Zip: _____

Amount Requested _____

Purpose of Request	
Mandated by Court	☐
Reunification	☐
Family Support	☐
Independent Living	☐
Family Preservation	☐
Relative/Foster Care	☐
Other	☐

Please describe specifically what you are requesting and why (use more paper if needed):

SW Signature: _____Date:_____

SW Supervisor's Signature: _____Date:_____