



APPLICATION FOR FLEX FUNDS

Circuit _____ County Name _____ Unit _____

1. Child _____ SSN _____ DOB _____

Address: _____

2. Parent(s) Name(s) _____

Address: _____

3. Identify all household members:

Name (Last, First, MI)	Social Security Number	Date of Birth	Relationship to child in #1	Monthly Income (\$ Amount)

4. Total Family Income _____ Total Available Resources _____

Comments:

5. Have any services been received through Flex Funding within the past 12 months?

☐ Yes ☐ No Explain: _____

The Above information is true and correct to the best of my knowledge.

Applicant's Signature (REQUIRED)

Date

Counselor Signature

Date

Child name in #1 _____ SS# _____

Circuit _____ County Name _____ Unit _____

TO BE COMPLETED BY THE COUNSELOR

1. Did an FPSS report generate agency contact? ☐ Yes ☐ No. If no, identify referral source

2. Describe the emergency situation requiring the need for flex dollars.

3. What other community resources or agencies have been contacted to assist in this situation?

Why were these services not utilized?

4. What is the legal status of the child(ren)?

What is the current placement of the children?

5. Indicate the services necessary to alleviate the emergency or which would avert or reduce the child(ren's) placement in Out-of-Home care.

SERVICE	FAMILY MEMBER	LENGTH OF SERVICE	COST

6. How will the services requested above avert the placement or reduce the length of placement?

Counselor Signature

Date

Child name in #1 _____ SS# _____

Circuit _____ County Name _____ Unit _____

FLEX DOLLAR REQUEST

COST AVOIDANCE CALCULATION

(List separately if you estimate that some of the children would have unequal projected placement costs.)

- A. Projected length of stay or extension (# of days or months). _____
B. Number of children in family at risk of placement. _____
C. Unit costs of placement of each child (indicate daily or monthly rate). _____
D. Total projected costs of placement of extension of placement. _____

(Formula: $A \times B \times C = D$ "projected placement cost avoided")

Listed below are the requested services and dollar amounts.

SERVICES	DOLLAR AMOUNTS

Total Anticipated Placement Costs (D Above) _____

Total Cost of Services Requested (Listed Above) _____

Counselor Signature

Date

Supervisor Signature

Date

AUTHORIZATION

The request for FLEX FUNDING IS: ☐ APPROVED ☐ DISAPPROVED

Level of funding approved: _____
(Indicate Budget Entity Source with amount)

AUTHORIZING PERSON: _____ Date: _____
(OPA or Designee)

Signature

Title

RENTAL INFORMATION
(To be completed by the Landlord)

Prospective Tenant: _____

Rental Property Address _____

Deposit Required to Move In

1. First Month \$ _____

2. Last Month \$ _____

3. Security \$ _____

4. Other _____ \$ _____

_____ \$ _____

_____ \$ _____

Total Deposit Required \$ _____

Landlord Information

Name _____

Address _____

Phone Number _____

Federal ID _____

Or
Social Security # _____

Signature

Date

*****Please note: All deposits must be refunded to the Kids Central, Inc. *****

****Federal ID# or Social Security Number must be supplied or deposit cannot be processed****

INFORMATION REQUIRED FOR PAST DUE ACCOUNTS

This is to certify that _____ has a balance of \$ _____
on _____ account # _____.
(Type of Expense)

MONTH	\$ AMOUNT	LATE CHARGES

Person completing this form:

Name _____

Company Name _____

Address _____

Federal ID# _____

Or Social Security # _____

Note: Expenses as utility bill (electric, water, gas) etc., MUST have the actual bill for the period covered, a statement of account from the company to show ALL months of service for payment requested or a signed statement on company letterhead with the above information.