REDWOOD COAST DEVELOPMENTAL SERVICES CORPORATION
CLIENT BENEFIT FUND (CBF)

GRANT REQUEST FORM

1. Date of request______ 2. Date needed______ 3. Amount requested $________

4. Client name_______________________ Address ________________________________
   Date of birth____/____/____  County in which client lives ______________
   Phone (___)_______________

5. Requesting party: Client_____ Parent_____ Conservator _____ Other_____

6. Reasons for request (explain in detail)_______________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________

7. How will this request benefit the client? __________________________________________
   _____________________________________________________________________
   _____________________________________________________________________
   _____________________________________________________________________

8. Other resources, including family resources, explored to pay for this request – dates and outcomes:
   a. _________________________________________________________________
      __________________________________________________________________
      __________________________________________________________________
   b. _________________________________________________________________
      __________________________________________________________________
      __________________________________________________________________
   c. _________________________________________________________________
      __________________________________________________________________
      __________________________________________________________________
   d. Other: __________________________________________________________
      __________________________________________________________________
      __________________________________________________________________

9. I authorize RCRC to release information to the CBF Committee regarding this request:
   Print __________________ Signature ________________________________

====================================================================================================
REMARKER: The deadlines each year - February 28th and June 30th!
To be completed by RCRC staff

10. Has Client received a grant from CBF during the current year? Yes ___ No ___
    (Only one grant per year per Client.)
    If ‘yes’ - Date__________  Reason:__________________________________________

11. Name & Address of person/agency to receive check:
    ______________________________________________________________________
    ______________________________________________________________________
    ______________________________________________________________________

12. RCRC has explored other resources and funding possibilities, including POS, to pay
    for this request. No other sources have been found. Resources explored and dates
    and outcomes are:
    a. ______________________________________________________________________
       ______________________________________________________________________
       ______________________________________________________________________
    b. ______________________________________________________________________
       ______________________________________________________________________
       ______________________________________________________________________
    c. ______________________________________________________________________
       ______________________________________________________________________
       ______________________________________________________________________

Service Coordinator (signature)_________________________  Date:______________

Phone # ______________________

Date request was received by Exec. Assistant ____________

Date request was sent to the CBF Committee ____________________________

CBF Policy #10 - Request Form
Revised 9/14/2013
- /dl-r