

# Foster Friends of North Carolina

## GENERAL AWARD APPLICATION for 2009

<b>Mail or fax completed form to:</b>  FFNC P.O. Box 49605 Greensboro, NC 27419 Phone: 336.834.9919 <b>Fax: 336.323.1366</b>  *Please allow at least 15 days for FFNC to process these requests. Questions, please call our office at 834.9919.		<b>FFNC Office Use Only</b>	
		Application #:	
		Disposition Date:	
		Disposition Code: 6170	
		Aid Code:	
		Amount Approved: _____	
		Declined: _____ Initial: _____	
<b>NOTE: An incomplete or illegible application will delay processing this Award.</b>			
Last name ( Person completing application):		First:	Phone:
			E-mail (if we have questions & to notify you when award is approved):
Your Address:		City:	State: (ZIP)
Relationship to Youth: Self _____ Relative _____ Foster Parent _____ GAL _____ Group Home _____			
Social/Case Worker (Specify Agency) _____ Other, Please Specify _____			
Separate application must be made for EACH child for whom an award is being requested. Photocopies may be attached. Eligibility is limited to individuals who are in the custody of the Guilford County Department of Social Services and placed outside their homes. The applicant may be required to provide proof of adjudication.			
Child's Last Name:		First:	M.I.
			Sex __Male __Female
Age (Years, Months)			
Child's Address:		City	County
		State	(ZIP)
Name of Child's Foster Care Case Worker:			Phone:
Agency:			City:
When was the child placed in the custody of the DSS?			Child's File Number (mandatory):
From (month, day, year) To (month, day, year)			
Name of Foster Parent or Facility:			Phone: ( )
Is the Child Employed? __Yes __No		Wage per Hour \$	Hours per Week
			Occupation:
Current Employer :			

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Total Amount Requested: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

Description, Reason and/or Circumstance for Request (You may attach additional sheets or supporting documentation (i.e., brochures, invoice, prices sheets, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cost Itemization of Request (Number of lessons, cost including tax, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*FFNC Worksheet may be found at [www.ffnc.org](http://www.ffnc.org)

Check Information (Checks will be made payable to the provider of the service)

Phone:  
(    )

Additional information required on check?

Mail Check to:

Address

City

State

ZIP

List all other agencies, individuals, or sources from which you have requested the aid sought in this application.

**The FFNC does not duplicate services or benefits provided by other public, private or governmental agencies. By making, or joining in making, this request for an award, the undersigned state that they have investigated alternative resources to fulfill the request listed above and that no reasonable alternatives are available. (Please note that the applicant and SW must sign the application.)**

**Required Signatures**

\_\_\_\_\_  
Signature of Applicant (if different than SW)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Social Worker

\_\_\_\_\_  
Date

**FFNC Office Use Only:**

\_\_\_\_\_ Email applicant notification of approval

\_\_\_\_\_ Mail check and letter to vendor

\_\_\_\_\_ Mail notification and acknowledgement to recipient and parent