



The Arc Northern Chesapeake Region
Family Support Services
POC Funding Request Information Form FY'16

Continued
Funding
Requests
ONLY

Today's Date: Person Making Contact Relationship to Applicant

Address: City: Zip:

Phone # Best time to call

Email Address:

Funding Request

TOTAL COST: AMOUNT REQUESTING:

APPLICANT/PARENT/GUARDIAN CONTRIBUTION:

Agencies currently providing financial assistance:

REASON FOR REQUEST:

Reimbursements Only: Who is payment made out to?

Name:

Address: City: Zip:

Please attach the following that apply:

- Estimates (ex. equipment)
Invoice
Receipts (must have company contact information and signature for proof of payment)

Applicant's Information

County:

Name of Applicant: First Middle Last

Gender: Date Of Birth: Age:

Eligible Diagnosis:

For FSS Office Use Only:

- Approved
Denied

Amount: \$