

HOW TO FILL OUT THE NORMALCY APPLICATION

IMPORTANT: This is a simple form that does not allow you to save and come back later, so you will want to have all the necessary information prior to filling out the form.

1. **WHAT IS NEEDED?** For example, we will be requesting that a 7 year old GAL child participates in a Fall Soccer Program. Please confirm with the caregiver that they will be able to ensure that whatever you request will be able to be used. For instance, if the caregiver is unable to provide transportation to the child for the soccer program a different kind of request that doesn't require transportation would be better.
2. **WHERE IT SHOULD BE PURCHASED?** Ex. MAIN CITY RECREATION CENTER
3. **HOW IT WILL BE PAID FOR?** You will want to determine the method of payment by calling the provider. Our preference is for a Credit Card purchase either by phone or online, but we can provide a check with enough notice. (We only cut checks on the 1st and 15th of the month). Ex., Main City Recreation Center allows us to pay via credit card by calling. You will want to provide the phone number for us to call. If it is via web, we will need the website, and if it a check by mail, we will need the address. A follow up question if an item is to be purchased and shipped, is
4. **TO WHOM AND WHERE SHOULD IT BE SHIPPED?** You will want to have this information as well prior to application.
5. **HOW MUCH DOES IT COST?** Ex. Participation is \$70 and \$15 for uniform.
6. **WHEN IT NEEDS TO HAPPEN?** What is the starting date and/or when would you like to have the item to give to the child?
7. **WHY SHOULD WE FUND IT?** This is the time for you to tell us a story. Make it compelling and give us a bit of insight into why this item would be of benefit to this child. Ex. JoJo was removed from her parents due to neglect. She has had multiple placements in the 4 months she has been in care. She is now placed with her little brother with a non-relative caregiver who is a past co-worker of JoJo's mother. JoJo has Autism and soccer would help her by providing a physical outlet for her frustration, helping her with social skills and helping her to learn how to be a part of a team.

On the following pages, we will walk you through step by step the process of filling out the application. If you prefer to see a video, you may find that at <http://www.herotoachild.org/menus/childrens-needs-gal-requests.html>

The Normalcy Request Form can be found at <http://www.herotoachild.org/menus/childrens-needs-gal-requests.html>

The first page is for you to put in your information as the applicant:

Guardian ad Litem
FOUNDATION
of Tampa Bay

Needs Request: Normalcy
Please fill this form out in its entirety to have a children's needs request considered. This request form is to be used for Normalcy Needs. Thank you!

1 Applicant Information 2 GAL Information 3 CAM Information 4 Case Manager Information 5 Child Information 6 Request

Applicant First Name ▼
Tawnee

Applicant Last Name ▼
Walling

E-Mail Address ▼
iamforthechild@galf6.org

Cell Phone Number ▼
727 - 555 - 1212
####

In which county did this child's case originate? ▼
 Pasco County
 Pinellas County
 Other

If this case did not originate in Pasco or Pinellas County, please refer back to <http://www.herotoachild.org/menus/childrens-needs-gal-requests.html>

What is Your Role? ▼
 Guardian ad Litem
 Child Advocacy Manager
 Case Manager
 Other

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The Applicant is you—not the child.

Please give us your name,

Your email address and

Your cell phone number.

Again, if the case did not originate in Pinellas or Pasco County, you can't put in a request. You will need to request from the originating county's Foundation.

Let us know your role.

Once you have filled out your name, email address and cell phone number (landline if you do not have a cell), the origination county and your role, you will click Next Page.

You will be prompted to enter your CAM information:

Child Advocacy Manager Information

Please fill out this information so we know how to contact the CAM with any questions we may have.

CAM First Name ▼

Kim

CAM Last Name ▼

Auito

CAM Email

kim.aiuto@gal.fl.gov

CAM Phone Number

727 - 464 - 6528
####

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You will then click Next Page.

We will then request the Case Manager's Information.

Case Manager Information

Please fill out this information so we know how to contact the Case Manager with any questions we may have.

CM First Name

Mellinda

CM Last Name

Hawkins

CM Email

CM Phone Number

- -
####

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If you have this information, please provide it-but if you don't, no worries. We use this if we have additional questions for case management.

As you can see here, I did not fill out the case manager's email information or phone because she is brand new and I don't have that information yet. Those fields are not required in case you don't have it at the time of the application. You will then click Next Page.

This is where you will put in the Information about the child.

Child Information

Please fill out information in it's entirety. Incomplete applications will prevent this request from being fulfilled in a timely manner.

Child First Name ▼

Jo Jo

Child Last Name ▼

Smith

City and County Child Resides In (ie. Gulfport, Pinellas) ▼

- Dade City, Pasco
- Holiday, Pasco
- Hudson, Pasco
- Land O'Lakes, Pasco
- New Port Richey, Pasco
- Odessa, Pasco
- Port Richey, Pasco
- Spring Hill, Pasco
- Trinity, Pasco
- Wesley Chapel, Pasco
- Zephyrhills, Pasco
- Beaches, Pinellas
- Clearwater, Pinellas

Let us know the child's name and the city and county in which they currently reside. If this request is for more than one child, you will enter that information in following questions.

Number of children this request will support (ie. 1 or 2)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10



You can request something that will be used or done by more than one child. In this case, I am only requesting this for 1 child, but it might be that there are 2 children in the home who would benefit from the request

Other Child First and Last Names this request will support (if supporting multiple children with same type of request in the household).



Empty text input field for other children's names.

If you click on two or more on that question, you will see a field that asks you to give names of the other child/ren.

Placement stability: How confident are you in the stability of this placement?

- Very Confident
- Confident
- Somewhat Confident
- Unsure
- Not Confident

Let us know how confident you are in the placement, some requests are contingent upon placement and wouldn't be able to be used if the placement was to change, ie. soccer at Main Street Recreation in Pinellas County if the child is moved in 3 weeks to a relative 30 miles away in Pasco County.

Type of Placement

- Foster Home
- Relative Care-giver
- Non-Relative Caregiver
- Group Home
- In Home or Re-unified
- Youth Aged Out
- Other

And let us know what kind of placement it is.

Small empty text input field below placement type options.

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Then click next page.

The next page is your actual request:

Date Request Needed By (Our preferred payment method is credit/debit card. Please note checks are only cut on the 1st and the 15th. Requests over \$500 require additional approval and will delay processing.)

Date selection fields showing 10 / 12 / 2018 with MM, DD, and YYYY labels below.

You will start with the date the request is needed by. Please give enough time for us to fulfill the request. Please note if this request, can only be paid via check, you need to remember that we only cut checks twice a month on the 1st and the 15th and plan accordingly.

Type of Assistance Needed (If multiple children in the same family need the same type of item, you can fill form out once. If you need multiple types of assistance, please fill out the appropriate form for EACH TYPE of assistance needed.) *

- Club or After School Activity Fees
- Normalcy Activities (sports, gym, excursions, etc)
- Birthday or Milestone
- Prom/Homecoming
- Other

How much does this item cost? *

75.00

Please describe the child's need. Some case information is helpful here to help us in our decision making process and to report to funders. You must include information on how the child will benefit from the assistance. *

Jojo was removed from her parents due to neglect. She has had multiple placements in the 4 months she has been in care. She is now placed with her little brother with a non-relative caregiver who is a past co-worker of Jojo's mother. Jojo has Autism and soccer would help her by providing a physical outlet for her frustration, helping her with social skills and helping her to learn how to be

Will this request be paid with a credit card? *

- Yes
- No

Does this child have a trust fund or receive SSI or SSDI? *

- Yes
- No

Please provide who payment will be paid to, amount of payment and address of vendor/payee if applicable. If this is to be paid online, please include web address. *

Main City Recreation Center, \$90.00, can be paid online at maincity.gov/programs
soccer lessons: FALL 2018

Shipping Information: If this is a request for an item that will be shipped from a vendor (ie. a bed from Walmart), please tell us where this will be shipped. Include zip code. If not applicable, type N/A. *

N/A

You will let us know what type of assistance is needed here.

How much it costs and

the need. This is the time for you to tell us a story. Make it compelling and give us a bit of insight into why this item would be of benefit to this child.

Let us know how it will be paid, in this case it is by credit card (our preference when applicable). If you are uncertain, please call the business or organization and find out what payment methods are acceptable and how we can pay for the request.

If the child has a trust or receives SSI or SSDI? If they do, be prepared to discuss why the funds won't cover this request.

You will want to let us know where this can be purchased and

If it is an item that needs to be shipped, we will need to know where to ship it to. In this case, there is nothing to ship, so we will just type N/A in that field

Please provide any additional case information that will help us in approving this request or securing funding for the child. If none, type N/A. *

JoJo has never played on a team before or been able to participate in a group activity, she also has trouble sleeping and I think that soccer will help her in so many ways. Jo Jo is a great kid, with such huge challenges ahead of her and I think this will be a great outlet and opportunity for her.

If Applicable, please attach invoice.

No file chosen

If Applicable, please attach receipt.

No file chosen

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This is your last chance to get to a yes, so pull out all the stops!

There is also a place to attach an invoice or a receipt; this will be rare but occasionally might be needed.

Once everything is complete, you can click submit. You will receive a confirmation on your screen and in your email – if you don't see it in your email, please check your spam.

Normalcy requests will be reviewed within 5 days, so make sure to plan ahead and put your request in with plenty of time in case there are follow up questions that need to be answered prior to fulfillment.

Feel free to reach out if you any questions and Happy Requesting!!!