

HOW TO FILL OUT THE BASIC NEED 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 the GAL is given a giftcard to purchase shoes for a 5 year old and 4 year old boy.
2. **WHERE IT SHOULD BE PURCHASED?** Gift Card from Walmart or Target
3. **HOW IT WILL BE PAID FOR?** You will want to determine the method of payment by calling the provider or looking online. 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., Wyzant.com allows us to pay via credit card online. If we need to pay something by phone, 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 In this case, it is for a gift card from the office.
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. \$50
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? October 2, 2018
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. Michael and Isaiah are growing very quickly and they came into care without closed toe shoes. Caregiver bought them each a pair to start Kindergarten and Pre-K but they have already outgrown them. Caregiver has not been granted caregiver funds yet and has 2 children of her own.

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 Basic Need 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:



Needs Request: Emergency, Basic & Medical Needs

Please fill this form out in it's entirety to have a children's needs request considered. This request form is to be used for Emergency, Basic or Medical Needs. Thank you!

Progress indicator with 6 steps: 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 *
555 - 555 - 1212
####

In which county did this child's case originate? *

- Pasco County
- Pinellas County
- Other

What is Your Role? *

- Guardian ad Litem
- Child Advocacy Manager
- Case Manager
- Other

Next Page



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
####

Next Page [Previous](#)

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

- -
####

Next Page [Previous](#)

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 its entirety. Incomplete applications will prevent this request from being fulfilled in a timely manner.

Child First Name ▼

Michael

Child Last Name ▼

Jordan

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

If this is a child other than the child listed below, please enter the child's name.

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

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.



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

Isaiah Jordan, 4

Child Age/Grade *

- Infant/Toddler
- Grade K-1
- Grade 2-5
- Middle School
- High School
- Youth Aged Out (18+)
- Other

Let us know the age or grade of Child 1 above.

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.

Then click next page.

[Next Page](#) [Previous](#)

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.)

10 / 02 / 2018

MM DD YYYY

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.) *

- Bedding (Bed Frame, mattress, sheets, pillows, crib, etc.)
- Transportation Needs (bus passes, driver's license fees, etc.)
- Emergency or Basic Needs Clothing
- Baby Items (stroller, diapers, car seat, etc.)
- Basic Hygiene Items
- Medical Needs not covered by medicaid (including glasses, dentistry)
- Aging Out Assistance
- Other

Size and Style

GAL will purchase

How much does this item cost? *

50.00

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. *

Michael and Isaiah are growing very quickly and they came into care without closed toe shoes. Caregiver bought them each a pair to start Kindergarten and Pre-K but they have already outgrown them. Caregiver has not been granted caregiver funds yet and has 2 children of her own.

Will this request be paid with a credit card? *

- Yes
- No

If this request will not be paid with a credit card how should this request be paid for? *

- Check (Checks are only cut on the 1st and 15th and will be payable to the business--not to caregivers)
- Reimbursement to GAL (This only for special cases. Please do not prepay without getting approval prior.)
- Item from Office Stock (ie. pack n play, tablets, clothes, hygiene, etc.)
- Gift Card from Office

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

- Yes
- No

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

If we are purchasing a clothing item, please let us know the exact style and size. Here we are requesting a gift card for the GAL to purchase the shoes – don't forget you'll need to return the receipts and any gift cards with an unused balance.

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 not going to be paid by credit card but by a gift card from the office. (If an item is being purchased from the office our preference is to pay via credit card 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.

If this request is for a gift card, please let us know where you will be purchasing the item (ie. Walmart), how much you need in gift cards and the best way for us to get them to you. Please note, we do prefer that gift cards are picked up from the office as they can get lost in the mail. You will need to provide receipts and return any giftcards with unused balances on them. Thank you!

Target or Walmart, \$50 in gift cards, i will pick them up at the New Port Richey Office if approved.

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

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. *

N/A

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. *

Michael and Isiah were placed with their MOM 2 years ago, but she recently passed away from a massive heart attack. The boys are grieving and don't understand why grandma isn't taking care of them. New shoes will help them feel a little bit of happiness, make their feet not hurt and will help aunt too as she is grieving and struggling to care for her two little nephews.

If Applicable, please attach invoice.

Choose File No file chosen

If Applicable, please attach receipt.

Choose File No file chosen

Submit [Previous](#)

You will want to let us know where this can be purchased and/or in this case what kind of gift card and how much do you think you need. Each office generally has Target or Walmart cards for Emergency or Clothing Needs.

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

If you are getting a gift card, you can put N/A but for all other requests you will want let us know who we are paying, how much and the address/web-address.

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.

In this case, we don't need to supply an invoice or a receipt. Although you will need to supply the receipt and any giftcard with an unused balance to the office from which you originally got the giftcard.

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.

Basic Need requests will be reviewed within 48 hours, 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!!!