

HOW TO FILL OUT THE EDUCATION 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 12-year old GAL child receive tutoring twice a week for 6 weeks. 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 tutor and that is necessary perhaps you need to locate a tutor that can meet the child in the home.
2. **WHERE IT SHOULD BE PURCHASED?** Ex. Wyzant
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., 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
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. \$35 twice a week/6 weeks = \$360
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? November 1, 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. Lakesha has been in care for just under 6 months and is placed with the maternal aunt who has 3 children of her own. Lakesha was removed after a teacher reported that she was only going to class once a week or so. Lakesha was too busy taking care of her younger siblings most days to go to school—she has siblings who are 6 months and 2—because mom was rarely around. She is 12 but is barely able to read due to undiagnosed dyslexia. She is a smart kid, but words are a challenge for her. She needs a tutor who can help her with her particular challenges with reading and who understands how to tutor children with dyslexia.

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 Education 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: Educational

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

1 2 3 4 5 6

Applicant Information GAL Information CAM Information Case Manager Information Child Information Request

Applicant First Name *

Applicant Last Name *

E-Mail Address *

Cell Phone Number *
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####

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



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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 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 not be fulfilled in a timely manner.

Child First Name *

LaKeshia

Child Last Name *

Kent

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
- Dunedin, Pinellas
- Gulfport, Pinellas
- Largo, Pinellas
- Oldsmar, Pinellas
- Palm Harbor, Pinellas
- Pinellas Park, Pinellas
- Safety Harbor, Pinellas
- Seminole, 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

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). *



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.

And let us know what kind of placement it is.

Then click next page.

Type of Placement *

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

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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.

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.)

11 / 01 / 2018
MM DD YYYY

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.) *

- Tutoring
- School Supplies/Backpack
- Laptop, Tablet, Calculator, Etc.
- Field Trip or Classroom Expense
- Graduation Expense
- Other

How much does this item cost? *

\$360.

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. *

Lakesha has been in care for just under 6 months and is placed with the maternal aunt who has 3 children of her own. Lakesha was removed after a teacher reported that she was only going to class once a week or so. Lakesha was too busy taking care of her younger siblings most days to go to school—she has siblings who are 6 months and 2... because mom was early around... She is 12 but is

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. *

Wyzant.com; tutor is Kiki Lawson, \$360, can pay online.

Shipping Information: If this is an item that needs to be shipped from a vendor (ie. a bed from Walmart), please tell us where this item will be shipped. Include zip code please. 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. *

LaKasha would really like to get better at reading. The last time I visited her I asked her how she was doing with her Aunt and she said she really liked it there. Her aunt reads to her and the other kids at night and she wished she could be the one to read aloud to them. This child is motivated and I know with a little bit of extra attention her reading skills can improve and she will have the skills

If Applicable, please attach invoice.

No file chosen

If Applicable, please attach receipt.

No file chosen

W-9

If this request is for tutoring and the payment will be going to an individual rather than attach their signed W-9 form here.

If applicable, please attach a W-9.



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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.

Since we are paying a company, Wyzant, we don't need a W-9, but if we were paying an individual instead of a company, we would want to upload a W-9 here. You will need to let your proposed tutor you need a signed W-9 and then you will upload it here.

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.

Educational 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!!!