**APPLICATION FOR CHILDREN BIRTH TO AGE 13**

***(If youth is age 14 or older please complete application from AMP(F$ster Funds Program)***

Iowa Friends of Children in Foster Care Grant Request

Funding is available only for children currently in Iowa’s foster care system. Children placed in pre-adoptive homes

**Types of items that will be covered by the Friends of Children in Foster Care program include:**

* Sports registrations
* Sporting equipment costs (helmets, gloves, cleats, etc.)
* Swimming lessons
* Summer camps (1 week max)
* Music instruments/lessons
* Tae Kwon Do
* Gymnastics/Dance

**Types of items NOT covered by the Friends of Children in Foster Care program include:**

* Childcare
* Bicycles
* Birthday or Holiday gifts
* Electronics (computers, iPads, cell phones, video game consoles and computers, etc.)
* Family passes (i.e. pool passes, zoo/science center passes)
* Furniture
* Vacations
* Medical expenses
* Basic clothing needs
* Any other items covered by foster care payments

or who have been adopted are not eligible for Friends grants. To be considered for Friends funding, please

complete an application and send it along with copies of receipts/invoices to the address listed below.

**Applications that are received without receipts/invoices cannot be processed.** Please allow at least 2-3 weeks

for applications to be reviewed. Decisions will be made on an individual basis. *Every item or opportunity*

*that is granted is meant for the child, and must be taken with the child if they leave their current placement*.

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| ABOUT THE APPLICANT | | | | | | | |
| **Date of Application:** |  | | **Funding Needed By (Date):** | | | |  |
| **Foster Child’s Name:** |  | | | | | | |
| **Date of Birth:** |  | | **Age:** |  | **Grade Level:** | |  |
| **Child Currently**  **Resides In:** | \_\_\_\_\_Family Foster Care \_\_\_\_Group Care \_\_\_\_Shelter Care  \_\_\_\_\_Supervised Apartment Group Care | | | | | | |
| **Name of Foster Parent or Facility:** |  | | | | | | |
| **Street Address:** |  | | | | **County:** | |  |
| **City:** |  | | **State:** |  | **Zip:** | |  |
| **Phone:** |  | | **Email:** |  | | | |
| **Name of Child’s Worker:** |  | | **Worker’s Agency:** | | |  | |
| **Worker’s Phone:** |  | | **Worker’s Email:** | | |  | |
| |  | | --- | | ABOUT THE GRANT REQUEST | | | | | | | | |
| **Give a Full Description of Grant Request and Itemize Your Request (number of lessons, cost of items, etc.):** |  | | | | | | |
| **Amount Requested:** | $ | *\*Maximum grant request limit is $200 per child, per fiscal year (July 1 – June 30)* | | | | | |
| **Who should the check be written out to?** | \_\_\_\_\_Foster Parent \_\_\_\_\_Foster Child  \_\_\_\_\_Group Care Facility \_\_\_\_\_Vendor/Business | | | | | | |
| **Where should the check be mailed?** | \_\_\_\_\_Foster Parent/Group Care (address listed above) \_\_\_\_\_Vendor/Business (address listed below) | | | | | | |
| **Name of Business and Full Mailing Address:** |  | | | | | | |

**Please sign and send to IFAPA. Applications that are received without a signature, receipts/invoices, cannot be processed.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Foster Parent or Child’s Worker:** |  | **Date:** |  |

**Return completed form to:**

**Iowa Foster & Adoptive Parents Association – 6900 NE 14th Street, Suite 25 – Ankeny, IA 50023**

[www.ifapa.org](http://www.ifapa.org) - email: [ifapa@ifapa.org](mailto:ifapa@ifapa.org) phone: 515-229-8747