



Family Support

Discretionary Fund Application

Name of Enrolled Member: _____

Name of Person Requesting Funds: _____

Address: _____

Phone: _____ Email: _____

Date of Request: _____ Amount Requested: _____

Reason for request: (please include the following: number of individuals involved, nature of activity, date, time and place of activity, is this something that Gateways Community Services could share with other families receiving services, and any other information that would be helpful in understanding your request. Please feel free to use the backside if

necessary.) _____

Other sources of funding currently utilizing have accessed in the past or applied

for: (Harry Alan Greg, Mini TASH, School etc.....)

Signature: _____ Date: _____

Address/ Contact Information where to send _____ Family to be reimbursed

Funds if Approved: _____ Receipt Attached

Request: Approved Denied Amount: \$ _____ Date: _____

Additional Comments: _____

_____ **Initials:** _____