



# Discretionary Fund Application

Date of request: \_\_\_\_\_

Gateways Community Service eligible Participant: \_\_\_\_\_

Name of person requesting funds: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Amount Requested:** \_\_\_\_\_

**Reason for request:** (please include detailed information on how the request will benefit the individual.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other sources of funding currently utilizing have accessed in the past or applied for: (Harry Alan Greg, grants, Medicaid, School etc.....):** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address/ Contact Information where to send \_\_\_\_\_  Family to be reimbursed

Funds if Approved: \_\_\_\_\_  Receipt Attached

\_\_\_\_\_

\_\_\_\_\_

Requests are submitted anonymously to the Family Support Advisory Discretionary Fund Committee every other Wednesday. Please allow at least two weeks for a response to your request.

**Request:**  *Approved*  *Denied* **Amount:** \$ \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

\_\_\_\_\_ **Initials:** \_\_\_\_\_