

Family Support Fund

Request Form

The family support fund is overseen and administered by the Foster Kin Care Manager. These funds are designed to support the overall goal of the Case Plan and are generally for supporting Foster/Kin Parents for the youth in their care. Exceptions will be considered on an individual basis. i.e. a child that has reunified and is in a CCO with parent.

These funds can be requested by district Resource Coordinators, Family Service Workers, or state and local associations on behalf of or directly by Foster/Kin Caregivers to the Foster/Kin Care Manager via email.

Foster/Kin Care Manager will assess the request and make suggestions if they feel that the money could be found in another way. For instance, standard mileage reimbursement, foster care misc expense line item, flexible funding, Family Preservation Funds, or the VFAPA children's activity fund. Requests will be managed on a first come, first serve basis. There will be a limit of \$350 per child each year. Exceptions may be granted for claims of up to \$500 and will be assessed by the Foster/Kin Care Manager. The items purchased for the child will need to stay with the child if the child should be reunified or needs to move.

Expenses are prepaid and then reimbursed through this fund. Receipts must be legible with the amount, item information, and organization/business name clearly identified. Checks will be made out to the foster parent and mailed to the address provided on this form. Exception for prepayment would be in unique circumstances where it would create a hardship for the caregiver to meet the child's needs by prepaying an expense, in these circumstances a vendor payee request will be considered and a W9 would be required.

Grants are on a first-come, first-serve basis based on available funds. The amount of funding may vary based on the request. Allow 4-6 weeks for reimbursement upon the submission of this form with appropriate receipt(s).

Request Date: _____

Child's Name: _____ Age: _____

District: _____

Foster Parent(s) Name: _____

Address: _____

Telephone: _____ Email: _____

Total Cost: _____ Amount Requested with receipt attached: _____

Briefly describe the expense that was occurred:

*****Return form and receipt(s) to: *****

Email: fsfvermont@gmail.com

[And Barbara.Joyal@vermont.gov](mailto:Barbara.Joyal@vermont.gov)

- **Some FSF examples might include: purchase of class rings, expenses of class trips, items to support normalcy for a child/youth in care, or other special items a child/youth may need that are not covered by Medicaid or any other form of reimbursement.**
- **Excludes: Furniture, damage claims.**
- **All requests are granted at the discretion of the Foster/Kin Care Manager and on a first come first serve basis based on funds available.**