



The Child Assistance Fund is a non-profit organization providing assistance to children served by San Bernardino County Superintendent of Schools programs for the purpose of meeting the needs of students that cannot be met by any other means. This organization is funded by private financial gifts of SBCSS employees and other community members. Funds are not public funds but are entrusted in the same regard to the Child Assistance Fund Board for the benefit of SBCSS students now and in the future.

## REQUEST FORM

*This form is updated annually, please download the most current form on SBCSS' E-Net portal.*

### REQUESTER COMPLETE THIS SECTION IN ITS ENTIRETY - INCOMPLETE FORMS WILL BE RETURNED

Student's First Name Only: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Request Date: \_\_\_\_\_  
 Person Requesting Funds: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Teacher/SBCSS Provider Name: \_\_\_\_\_ Site Student Served: \_\_\_\_\_

Amount of Request: \$ \_\_\_\_\_ To obtain services or materials needed for the child/children to attend school and receive the education they need.

Requests over \$200 require Board approval. Board members may approve request(s) totaling not more than \$200 per calendar month AND a maximum of five GED Testing requests per calendar month. Funds are a gift of SBCSS employees

Child's Benefit: ☐ Family Assistance ☐ Health ☐ Educational ☐ Motivational

Service/Resources Needed (Detail the needs of the child. **Clothing is not enough, list the specific items and amount that is needed.**)

Justification for Request (Be Specific): \_\_\_\_\_

Is Child Homeless or in Foster Care? ☐ Yes ☐ No

Homeless is defined as children who lack a fixed, regular, and adequate residence. e.g. motels, parks, cars, living at another person's residence, awaiting foster care placement, etc.

Alternative Resources Explored (Where else have you looked to find resources? Are there programs or other finding options available for their needs.)

Other Funding: <input type="checkbox"/> Fundraising <input type="checkbox"/> Matching Funds – Amount \$ _____	
Maximum amounts for clothing:	Maximum amounts for bus passes:
Ages 1-5 \$60.00	Initial requests – one month maximum
Ages 6-9 \$85.00	Ongoing requests – three months maximum
Ages 10 and up \$110.00	Bus passes to be given per appointment
	Maximum amounts for gas cards
	One month : \$40.00
	Gas cards only – no generic gift cards
	Gas cards in \$40.00 increments to parents

### REQUESTER MUST COMPLETE THIS SECTION ENTIRELY IN ORDER FOR CHECK TO BE SENT

Make Check Payable to: \_\_\_\_\_ ☐ Jet-Mail (Location): \_\_\_\_\_  
*Checks cannot be payable to parents, guardians, or caregivers* ☐ Arrange for Pick up at Dorothy Ingraham

Address to Send Check: \_\_\_\_\_  
 (Will be sent via US Mail) Name Address City Zip Code

By signing below, the requester agrees to pay any bank fees incurred as a result of a lost check.

Signature- Requester \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

*Please complete form and email to [childassistancefundrequest@sbcss.net](mailto:childassistancefundrequest@sbcss.net)*

### CHILD ASSISTANCE FUND BOARD MEMBER COMPLETE THIS SECTION

Request: <input type="checkbox"/> Granted <input type="checkbox"/> Denied <input type="checkbox"/> Modified	Modifications to Request/Comments: _____	Treasurer/Ex-Chequer Only
<input type="checkbox"/> CAF Board Approved <input type="checkbox"/> Board Member Approved		Date Received: _____
Date: _____ Date: _____		Check Number: _____
Quorum Obtained Total Votes Board Member Monthly Tally		Check Amount: _____
<input type="checkbox"/> At Meeting Aye _____ To Date Total Approved		Date Sent Check: _____
<input type="checkbox"/> Via E-Mail Nay _____ Amount Remaining		

Approval Signature – Board Member \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Please visit our web page on E-Net for current board members.**