

**CASA KIN (Kids In Need)
APPLICATION**

Date: _____

CASA Volunteer: _____

CASA Child Name: _____ DOB/Age: _____

Case Number: _____

Date child removed from the home: _____

Total number of placements: _____

Please attach a copy of last hearing report.

DHS Case Worker: _____ Private Agency: _____

Request description: _____

Estimated cost: _____

Proposed service provider: _____

How will this service benefit the child: _____

Does any other agency provide the recommended services: _____

Current services being provided: _____

School: _____ Please attach copy of grades and attendance history if available.

Have you applied for a grant request previously? If yes, date: _____

Review previous request: _____

Outcome: _____

Attach all information on recommended services, pricing, availability, etc.