



Bed & Car Seat Request Form



Today's Date: _____

Child's Name: _____ DOB: _____ Age: _____

Gender: Male Female County Case Originated: _____

Number of Siblings: _____ Date Child Entered Current Home*: _____

Copy of placement letter or other documentation must be included

Race: (check all that apply)

- African American Caucasian Hispanic Pacific Islander
- Asian First Nation Interracial

Social Worker Name: _____

Social Worker Phone Number: _____

Agency:

- Children's Division Great Circle Other _____

Child Type:

- Foster Adoptive Kinship/Relative Guardianship

Reason for placement:

- Abuse Neglect Drugs/Alcohol Parent Imprisonment
- Death of Parent(s) Other _____

Guardian Name: _____

Guardian Email: _____

Guardian Phone: _____

Guardian Address: _____

City, State, Zip: _____

County Residing: _____

Items Requested

Application will be reviewed by staff. Items requested are not guaranteed.

Infant Items

- Crib
- Crib Mattress
- Crib Sheets
- Car Seat
- Pack n Play

Toddler

- Toddler Bed
- Toddler Mattress
- Toddler Bedding
- Car Seat
- Booster Seat

Older Youth

- Booster Seat
- Twin Mattress
- Twin Box Spring
- Twin Bedding
- Full Mattress
- Full Box Spring
- Full Bedding
- Twin/Full Bed Frame
- Twin over Full Bunk Bed Frame
- Twin over Twin Bunk Bed Frame
- Materials to build a bunk bed frame

*Items received may be new or like new and purchased or authorized by FHC.

**Items for children placed within the previous 3 months will be covered 100% & items for children placed more than 3 months ago will be covered at 50%.

***All items must stay with the child, regardless of disruption or placement moves.

Signature: _____ Date: _____