

<b>Participant ID (STAFF ONLY)</b>



<b>Referral Agency</b>

## Community Partner Response Flex Fund Form

**Please attach or send any leases, bills, and documents with this form.**

<b>Please complete all of the following information:</b>	
<b>Date:</b>	
<b>Full Name:</b>	
<b>How can we help? What is your need? About how much does it cost? Please include as many details as you can.</b>	
<b>Where should we send the payment? – will be required to complete a W9</b>	
<b>Vendor Name</b>	
<b>Vendor Contact Name</b>	
<b>Vendor Phone Number</b>	
<b>Vendor Address</b>	

<b>Please indicate any support you have received from the following agencies, if any, in the blanks below:</b>			
Community Action: _____	Jubilee Center: _____	DHHS: _____	S.A.F.E. Center: _____
Salvation Army: _____	NE ERA Program: _____	Other: (Agency: _____ Amount: _____)	
<b>Total Amount Requested from Flex Funds</b>			
<b>Are you willing to meet with a coach to support your goals?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>If yes, please explain:</b>			

IN OFFICE USE ONLY			
<b>Date of Payment:</b>	<b>Payment Method:</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit Card		<input type="checkbox"/> Gift Card <input type="checkbox"/> Other: _____
<b>Housing Amount:</b>	<b>Detailed need:</b>	<b>Employment Amount:</b>	<b>Detailed need:</b>
<b>Utilities Amount:</b>	<b>Detailed need:</b>	<b>Physical/Dental amount:</b>	<b>Detailed need:</b>
<b>Daily Living Amount:</b>	<b>Detailed need:</b>	<b>Mental Health Amount:</b>	<b>Detailed need:</b>
<b>Education Amount:</b>	<b>Detailed need:</b>	<b>Parenting Amount:</b>	<b>Detailed need:</b>
<b>Transportation Amount:</b>	<b>Detailed need:</b>	<b>Other/Coaching Amount:</b>	<b>Detailed need:</b>