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



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|------------------------|
| <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><br><input type="checkbox"/> Check <input type="checkbox"/> Credit Card |                                | <input type="checkbox"/> Gift Card<br><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>   |