

# APPLICATION FOR CHILDREN BIRTH TO AGE 13

(If youth is age 14 or older please complete other application)

## Iowa Friends of Children in Foster Care Grant Request

Funding is available only for children currently in Iowa's foster care system. Children placed in pre-adoptive homes or who have been adopted are not eligible for Friends grants. To be considered for Friends funding, please complete an application and send it along with copies of receipts/invoices to the address listed below.

**Applications that are received without receipts/invoices cannot be processed.** Please allow at least 10 business days for applications to be reviewed. You will be notified in writing of the decision by IFAPA staff. Decisions will be made on an individual basis. Every item or opportunity that is granted is meant for the child, and must be taken with the child if they leave their current placement.

**Types of items that will be covered by the Friends of Children in Foster Care program include:**

- Sports registrations
- Sporting equipment costs (helmets, gloves, cleats, etc.)
- Swimming lessons
- Summer camps (1 week max)
- Music instruments/lessons
- Tae Kwon Do
- Gymnastics/Dance

**Types of items NOT covered by the Friends of Children in Foster Care program include:**

- Childcare
- Bicycles
- Birthday or Holiday gifts
- Electronics (computers, iPads, cell phones, video game consoles and computers, etc.)
- Family passes (i.e. pool passes, zoo/science center passes)
- Furniture
- Vacations
- Medical expenses
- Basic clothing needs
- Any other items covered by foster care payments

### ABOUT THE APPLICANT

Date of Application:		Funding Needed By (Date):	
Foster Child's Name:			
Date of Birth:		Age:	
		Grade Level:	
Child Currently Resides In:	<input type="checkbox"/> Family Foster Care <input type="checkbox"/> Group Care <input type="checkbox"/> Shelter Care <input type="checkbox"/> Supervised Apartment Group Care		
Name of Foster Parent or Facility:			
Street Address:		County:	
City:		State:	
		Zip:	
Phone:		Email:	
Name of Child's Worker:		Worker's Agency:	
Worker's Phone:		Worker's Email:	

### ABOUT THE GRANT REQUEST

Give a Full Description of Grant Request and Itemize Your Request (number of lessons, cost of items, etc.):			
Amount Requested:	\$	*Maximum grant request limit is \$200 per child, per fiscal year (July 1 – June 30)	
Who should the check be written out to?	<input type="checkbox"/> Foster Parent <input type="checkbox"/> Foster Child <input type="checkbox"/> Group Care Facility <input type="checkbox"/> Vendor/Business		
Where should the check be mailed?	<input type="checkbox"/> Foster Parent/Group Care (address listed above) <input type="checkbox"/> Vendor/Business (address listed below)		
Name of Business and Full Mailing Address:			

Please sign and send to IFAPA. **Applications that are received without a signature, receipts/invoices, cannot be processed.**

Signature of Foster Parent or Child's Worker:		Date:	
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Iowa Foster & Adoptive Parents Association – 6864 NE 14<sup>th</sup> Street, Suite 5 – Ankeny, IA 50023

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