|  |  |
| --- | --- |
| **CPS Case:**  | Project PermanencyProviding Essentials to reunite Families # of children in the case: |

## Household Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | Date: |  |
|  | Affiliation (circle one) Bio parent Foster to Adopt Relative Foster Fictive Kin other |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Advocate: |  | Email: |  |

Requested Items: Est cost:

|  |
| --- |
|  |
|  |
|  |
|  |

|  |  |
| --- | --- |
| Link to purchase: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Additional information CASA should know: |  |  |  |

## Certification

I certify that my request for the above items are in the best interest of the children in the home.

|  |  |  |  |
| --- | --- | --- | --- |
| Advocate/Supervisor Signature: |  | Date: |  |

## For Grant Reporting: CASA Staff

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vendor: |  | Actual: $ |   | # of items: |   |