

Discretionary funds are available for the use when child has a need that cannot be resolved by the custodian, DCF or another outside source. To help expedite responses, we ask that GALs find out what it is the child needs and who/what can fulfill the need. This can include contact the respective store, agency, etc. and find out the cost, and other details related to the request. Please discuss your request with your Child Advocate Coordinator prior to submission as they may have insight to assist you with your request. These forms should be submitted through your CAC.

There are resources guides printed by the county that can also help you find leisure activities for your child on case available here in the office for pick up.

Note: This form cannot be used for reimbursement of funds spent that were not previously approved.

**Speak UP! For Kids PBC
Discretionary Spending Request**

**205 N. Dixie Highway, Suite 5.1130
West Palm Beach, Fl 33401
(561) 355-3799**

www.speakupforkidspbc.org
resources@speakupforkidspbc.org

Please complete a request form and submit it to the Community Liaison, minimally three weeks before any deadlines to allow time for processing and a decision to be rendered. Please fill out to the document in its entirety, as an incomplete request will be subject to delay. Funds are limited, so please maximize all community resources in advance of submitting a request.

GAL Name:	Date:
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Contact Email:	Phone:
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Case No.:	Number of Children on Case:	How many children will be assisted by this request?
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Child Advocate Coordinator:

Is the child in the home with their parents?	If not, what type of placement are they in?
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Description of Request:

Amount being requested:	Deadline, if any?
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Best form of payment for the request:

Contact with Case manager:

Case manager:	Phone:
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Last date the need was discussed:	Email:
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Outcome:

Contact with an outside Community Resource:

Agency and Location:

Contact Person and Information	(Name, Phone, Email, etc.)
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Outcome:

Recommended Alternatives, if any?

Contact with a second outside Community Resource:

Agency and Location:

Contact Person and Information	(Name, Phone, Email, etc.)
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Outcome:

Recommended Alternatives, if any?

Scholarship or Matching Funds Opportunities:

Agency and Location:

Contact Person and Information	(Name, Phone, Email, etc.)
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Qualifying Criteria:	
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Request Outcome: <i>(FOR STAFF TO COMPLETE)</i>		Date reviewed:	
Is this essential to the child's wellbeing?		Is this education related?	
Approve or Deny Request:		Date decision rendered:	
Notes:			
Method of Payment:			
Payee Information:		Date of Payment:	
Community Liaison:		Date:	
Circuit Director:		Date:	
Request exceeding \$750 must be approved by the President of Speak UP! For Kids PBC			
Speak UP! For Kids PBC, President:		Date:	

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