



SERVICE REFERRAL/FINANCIAL REQUEST

Date of Request: _____

Is this an Early Childhood (EC) request? Yes No
Other funding sources considered? If yes, which one(s)? _____

REQUESTOR INFORMATION - WHO IS FILLING THIS OUT?

Name: _____ Agency: _____
Email: _____ Phone: _____

CLIENT/BUSINESS INFORMATION - WHO IS THIS FOR?

For EC Requests: Business Name: _____ License No.: _____

***Note: If EC request is for an individual, complete items below instead.**

Child/Youth/Professional Name: _____
DOB: _____ Gender: _____ Race/Ethnicity: _____
Colorado Trails ID# (for child): _____
Parent/Guardian Name: _____ Parent Guardian ZIP Code: _____
Parent Phone Number: _____ Parent Email: _____

SYSTEM INVOLVEMENT (CHECK ALL THAT APPLY)

- DYS Pre-Adjudicated Probation Truancy
 DHS D&N DHS Voluntary DHS Prevention (PA3)

MULTI-DISCIPLINARY TEAM INVOLVEMENT (CHECK ALL THAT APPLY)

- IEP (School) High Fidelity Wraparound (HFW) Individualized Service & Support Team (ISST)
 Care Coordination (CCHA) Family Engagement Meeting (DHS) Other _____

SERVICES + SUPPORTS (ATTACH ADDITIONAL PAGE TO LIST MULTIPLE PROVIDERS IF NECESSARY)

Service Start Date: _____ **Provider(s) Requested:** _____

- | | |
|--|---|
| <input type="checkbox"/> Gang Intervention Without Boxing <input type="checkbox"/> With Boxing <input type="checkbox"/> | <input type="checkbox"/> High Fidelity Wraparound (HFW) |
| <input type="checkbox"/> Youth Career Navigation | <input type="checkbox"/> Family Support Partner |
| <input type="checkbox"/> Tutoring Services | <input type="checkbox"/> *Basic Needs Support \$ _____ |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> *Rental/Housing Support \$ _____ |
| <input type="checkbox"/> Pro-Social Engagement | <input type="checkbox"/> Transportation Support |
| <input type="checkbox"/> Evaluation/Assessment: _____ | <input type="checkbox"/> Level of Care Assessment (detained youth only) |
| <input type="checkbox"/> Mental Health Treatment | <input type="checkbox"/> Early Childhood Program Support |
| | <input type="checkbox"/> Early Childhood Workforce Support |
| | <input type="checkbox"/> Child Care Support |

ADDITIONAL INFORMATION

Please provide any additional information to help us determine if we will fund your request:

SUPPORTING DOCUMENTATION

1. Invoice or other documentation for request to include: payee name, address, phone, email and amount of request. *Signed Lease agreement for current term is required for rental assistance. **Limit one month of rental/housing assistance.
2. W-9 for payee is required. A blank W-9 can be found at: [IRS.gov/pub/irs-pdf/fw9.pdf](https://www.irs.gov/pub/irs-pdf/fw9.pdf)

Please send completed request with supporting documentation to: assistance@jointinitiatives.org